CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

KP 23907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF _____ BUREAU OF _____ _____ CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. _____ AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6 Size of Record	7 Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Faber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14 Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS:

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

1942 = 7

F 91091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 91091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 N.Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 N.Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J.Watsic

3 (b) If veteran, name war ----
3 (c) Social Security Account No. 213-05-2930

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Watsic
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25,1880

8. AGE: Years	Months	Days	If less than one day
61	8	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Brush Maker
11. Industry or business Pittsburg Glass Co.

FATHER
12. Name Anthony Watsic
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Frances Novak
15. Birthplace Bohemia

16 (a) Informant Margaret Watsic
(b) Address 1608 N.Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Philip Harry Sons
(b) Address 2024 Orleans Street

19 (a) APR 8 — 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th. 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1941 to Apr 5 1942, and that I last saw h-- alive on Apr 3 1942.

Immediate cause of death	Duration
Carcinoma of Liver	2 mos.
Due to Metastasis; Cancer of	
Due to Gall Bladder	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Nov 7 1941
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E H Meyer Jr
Address 1516 E 33rd St Date signed 4/7/42

correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 3

F 91092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 91002 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5303 Falls Road Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5303 Falls Road Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Viola D. Smalley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George H. Smalley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 - 1849

8. AGE: Years 92 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Shelburne, Vermont (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Dr. Hiram P. Hoyt
13. Birthplace Vermont

MOTHER
14. Maiden Name — Chesley
15. Birthplace Vermont

16 (a) Informant Col. Howard K. Smalley
(b) Address 5303 Falls Road Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-1942 (month) (day) (year)
(c) Cemetery or crematory Lake View
Location Burlington Vermont

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 APR 8 – 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7. 1942 at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to April 7 1942 and that I last saw her alive on April 7 1942.

Immediate cause of death Myocarditis
Arterio-Sclerosis
Duration Several

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody
Address 1403 Park ave Date signed 4/8/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information must be complete. Please write in ink. Do not abbreviate. Please answer every question. Be sure that the information you give is correct and complete. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 91093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77D

Registered No. E 91093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2252
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 N. Paca St Rear (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Hannam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Mal	White	Divorced

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1886

8. AGE: Years	Months	Days	If less than one day
55	9	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James H.
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Delia Dyer
15. Birthplace Ireland

16 (a) Informant Mrs. John J. Lanesa
(b) Address Glenburnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location d. d.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

APR 8 — 1942 (Date rec'd by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Alcoholism	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 4/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

413060 F 91004 BALTIMORE CITY HEALTH DEPARTMENT F 91004

CERTIFICATE OF DEATH

Registered No. 107

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest English

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/39

8. AGE: Years	Months	Days	If less than one day
2 3	11	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Calvin English
13. Birthplace S. C.

MOTHER
14. Maiden Name Nancy Holly
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof Apr. 8 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Wenonah S. Carolina

18 (a) Funeral director Mrs R. A. Elliott
(b) Address 129 N. Caroline St.

19 (a) (b) Huntington Williamsville Md.

APR 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 10 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942 to April 7 1942 and that I last saw him alive on April 7 1942

Immediate cause of death Pneumonia, Apsis & Empyema — Duration 4 days.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anna Fulcher M. D.
Address Johns Hopkins Hosp Date signed 4-7-42

F 91095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 91005

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph O'C. Wilmore

3 (b) If veteran, name war:

3 (c) Social Security Account No. 218-03-6585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (Mo., day, yr.) Feb 5 1900

8. AGE: Years	Months	Days	If less than one day
41	9	0	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph H. Wilmore
13. Birthplace Va

MOTHER
14. Maiden Name Ruth Foreman
15. Birthplace Port Deposit Md

16. (a) Informant Mrande Johnson
(b) Address 1819 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem
Location

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) APR 8-1942 (Date rec'd by registrar) Huntington Williams, M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5, 1942, at 6 24 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5, 1942 to Apr. 5, 1942 and that I last saw h alive on 19

Immediate cause of death Cerebral hemorrhage — Duration Suddenly

Due to Note: Pt. Was dead when I arrived Marie Adams, MD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marie Adams

Address 312 E 23rd St Date signed 4-7-42 M. D.

Henry L. Wallenmeyer, M.D

correct age is especially important. Physician: please write the cause in ink clearly.

VS 3

F 91096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 169

F 91006
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 E North Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME PAUL RUSSELL MOORE

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-7415

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Jane Estelle Moore

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Sept 4-1911

8. AGE: Years 30 Months 7 Days 1 If less than one day hr min

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual Occupation R.R. Conductor

11. Industry or business Western Md. R.R.

FATHER 12. Name John Moore

13. Birthplace

MOTHER 14. Maiden Name Winona Sgc

15. Birthplace

16 (a) Informant Mary Jane Moore

(b) Address 1000 East North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore, Md

Location Baltimore Md

18 (a) Funeral director John C Miller Inc

(b) Address 2435 E Oliver St

19 (a) APR 8-1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gas gangrene — Duration

Due to Crushing of both legs

Due to

Other Conditions No.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Yes. - as above

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 1st, 1942 - 30th
(c) Where did injury occur? Union Bridge, Carroll County, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell off railroad car + wheel ran over legs

23. Signature W. L. Wollenweber M.D. Medical Examiner

Date signed 4-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706

F 91007

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 20 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 S Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROY S. BABYLON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Bessie L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1906

8. AGE: Years	Months	Days	If less than one day: hr	min
36	2	-		

9. Birthplace Offord Pa (Town, county, and state)

10. Usual Occupation Rigger Bethlehem Steel Corp.

11. Industry or business

FATHER
12. Name Joseph Babylon
13. Birthplace Pa

MOTHER
14. Maiden Name Emma Sponseller
15. Birthplace Pa

16 (a) Informant Mrs Bessie L Babylon
(b) Address 423 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 APR 8 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1942 at 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest — Duration:

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 5, 1942 at 3 PM
(c) Where did injury occur? Sunset & Carleton St Fairfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place) industrial While at work) Yes (Specify type of place)
(e) Means of injury Crushed by train car -

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 4-5-42

Coroner's case is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

or town auto Truck

E 91008 FR 72206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91008 Registered No. 73W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY H[illegible]
13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 West 37th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Pearce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mollie Baxter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6, 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	4	1		

9. Birthplace Oella, Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Chenowith & Somerville
(b) Address 3615-17 Chestnut Ave. Huntington Williams

19 (a) APR 8 – 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1942, at 7 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1942 to 4-7 1942 and that I last saw him alive on 4-7 1942.

Immediate cause of death Pulmonary embolus ? — Duration 10 min.
Due to
Due to
Other Conditions Pernicious anemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M.D.
Address Balto. City Hosp. Date signed 4-7-42

correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

F 91009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 Registered No. F 91009

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hosp. Inf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 12 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 257 W 31st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Rendollar

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-0579

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Catherine E.
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1885

8. AGE: Years	Months	Days	If less than one day
56	3	11	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation clerk
11. Industry or business

FATHER
12. Name John E. Rendollar
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Larmour
15. Birthplace Md.

16 (a) Informant Catherine E. Rendollar
(b) Address 257 W 31st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Hampden.

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615 Harrington Williams M.D.

19 (a) APR 8 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to April 7 1942, and that I last saw h~~im~~ alive on April 5 1942

Immediate cause of death diabetic coma

Due to diabetes mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: acute pancreatitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lorman A. Lemmon M. D.
Address University Hospital Date signed April 7, 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 91010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 937

F 91010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3672 Ash St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3672 Ash St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3 (a) FULL NAME Mary A. Buchman.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife Noah Buchman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1856

8. AGE: Years	Months	Days	If less than one day hr.	min.
86	1	12		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Christopher Seitz
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Rupp.
15. Birthplace Md.

16 (a) Informant Helen L. Clements.
(b) Address 3672 Ash St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/42 (month) (day) (year)
(c) Cemetery or crematory London National
Location Frederick Rd.

18 (a) Funeral director Ehrnworth & Donovan
(b) Address 3615-17 Christmore

19 (Date rec'd by registrar) APR 8 - 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1942 at 11.15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 1st 1942 to April 7th 1942 and that I last saw h alive on April 7th 1942

Immediate cause of death -
Cerebral Apoplexy
Pneumonia Lobar
Due to Myocardial degeneration.
Due to senility. Obesity.

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
4 hrs.
3 Mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. O. Lillich, M.D.
Address Bel Air, Md. Date signed April 7th 1942

correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 91011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125 B F 91011

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Harford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1035 Harford Ave St., 10-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Miller

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Marion Walton

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Rachael Evans

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Carrie White Billette

(Address) 1035 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date April 10 1942

19. UNDERTAKER Robert W. Allen

(Address) 1515 McCulloh St

20. FILED 19 Huntington Williams M.D.

APR 8 - 1942

State CAUSES OF DEATH in plain terms. Indicate the disease, injury, or complication which caused death. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1942

22. I HEREBY CERTIFY, That I attended, deceased from Mar. 10, 1942 to April 6, 1942

I last saw her alive on 4-6, 1942 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/27
Pleurisy (non-T.B.)	3/10
Other contributory causes of importance: Hepatitis and Jaundice	3/1 3/10

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas R. Blake M.D.

(Address) 1327 N. Central Ave

F 91012 BALTIMORE CITY HEALTH DEPARTMENT F 91012

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florida Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Briscoe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1890

8. AGE Years	Months	Days	If less than one day
52	1	1	hr. min.

9. Birthplace Lancaster Co., Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Cyrus Griffins
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Redmans
15. Birthplace Virginia

16 (a) Informant Mrs. Emma Ward
(b) Address 1710 Division Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) [illegible] (b) Huntington Williams, M.D.

APR 8 [illegible]

VS 6

correct age is especially important. Physicians: please write the cause of death clearly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said - (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Hypertension Cardio Vascular disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Armistead M.D. (Medical Examiner)

Date signed 4/7/42

F 91013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 91013

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 So. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 S. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Birth

3 (a) FULL NAME Rose Marie Whitcomb F45895

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1942

8. AGE: Years	Months	Days	If less than one day: hr.	min.
0	1	20	19	

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Donald P. Whitcomb
13. Birthplace Balto County Md

MOTHER
14. Maiden Name Mary E. Wright
15. Birthplace Glen Rock Pa

16 (a) Informant Mary E. Whitcomb
(b) Address 200 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9-1942 (month) (day) (year)
(c) Cemetery or crematory West Liberty Church Cem
Location White Hall Md

18 (a) Funeral director Roth Co B. M. Walter
(b) Address 200 S. Stricker Sts

(b) Huntington Williams, M.D. (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 2:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Williams M.D. Medical Examiner

Date signed 4-8-42

Physicians: please write the cause of death clearly. Exact age is especially important.

F 91014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. F 91014

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2102 Mura Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edward dePoitiers

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	215 05 0416

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Hartman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1888

8. AGE: Years	Months	Days	If less than one day
53	2	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Gustav W. dePoitiers

13. Birthplace New Castle and Thame. Eng.

MOTHER

14. Maiden Name Wally Schly

15. Birthplace New York City

16 (a) Informant Records-US Marine Hospital.

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Milton Schilling

(b) Address 3914 Hanover St

19 APR 8 - 1942 (Date rec'd by local registrar) Wilmington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1942, at 5:30p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1941 to April 7, 1942 and that I last saw him alive on April 7, 1942

Immediate cause of death Inanition and anemia

Due to Careinoma, squamous bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/22-left nephrectomy; Major findings of operation 2/13; Excision of scar; cystotomy suprapubis

Autopsy: None

Duration 2 MO.

Unknown

Well

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Williams M.D.

Address U. S. Marine Hospital Baltimore, Maryland. Date signed 4/7/42

Please write clearly. Physicians: please write cause of death in such a way that correct age is especially important.

F 91015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 Registered No.

F 91015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County CARROLL
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Samuel K Yingling

S S 453 -14-0170

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 3/93

8. AGE: Years	Months	Days	If less than one day
48	7	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation HOUSE PAINTER

11. Industry or business

FATHER — 12. Name UNKNOWN Samuel K

13. Birthplace Md

MOTHER — 14. Maiden Name UNKNOWN Noreine

15. Birthplace Md

16 (a) Informant Hosp't Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APRIL 10, 1942 (month) (day) (year)

(c) Cemetery or crematory WESTMINSTER

Location WESTMINSTER

18 (a) Funeral director H. BARNHART - SON

(b) Address WESTMINSTER, MD

19 APR 8 1942 Huntington Williamson MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942, to April 8 1942, and that I last saw [illegible] alive on April 8 1942.

Immediate cause of death: Ruptured Duodenal Ulcer — Duration

Peritonitis

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ruptured duodenal ulcer & peritonitis

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longest M. D.

Address Md. General Hosp Date signed 4/8/42

F 91016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 91016
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 4311 York Rd (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 & P Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Emma L. Shultz

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 21AE

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 12 1866

8. AGE: Years 75 | Months 6 | Days 25 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Keeping Home
11. Industry or business Self

FATHER
12. Name William F. Shultz
13. Birthplace Germany

MOTHER
14. Maiden Name Susanna E. Simonds
15. Birthplace Balto Md.

16 (a) Informant Anna M. Pacey
(b) Address 5716 Falls Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/9/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Presbyterian
Location Govans

18 (a) Funeral director William Cook
(b) Address Huntington Hillsboro, Md.

19 (a) APR 8 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 7 1942, at 10:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1942 to Apr 7 1942 and that I last saw h~~er~~ alive on Apr 6 1942.

	Duration
Immediate cause of death	
Cerebral Hemorrhage	3 d.
Due to Hypertensive Cardio-	
Due to Vascular Disease	?
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Eliz. Lenman M.D.
Address Franklin Square Hospital Date signed 4/7/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in terms of disease and not in terms of mode of dying, such as heart failure, asphyxia, anemia, or uremia. Indefinite or unsatisfactory terms will be returned for correction. Please report cancer cases fully. Be sure to answer all questions. Underline the cause to which death should be charged statistically. Please write plainly. Omissions and errors cause unnecessary correspondence. Please report full name, correct age in especially important.

VS 3

F 91017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 W

F 91017 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3844 Quarry Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and the town)
(d) Street No. 3844 Quarry Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie May Gertrude Melvin

3 (b) If veteran, name war W

3 (c) Social Security Account No. 0108

4 Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laurence Edw—

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 9-1901

8. AGE: Years 40 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Co Md (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Otis E Hitchcock
13. Birthplace Balto Co Maryland

MOTHER
14. Maiden Name Susie V. Beck
15. Birthplace Balto Co Maryland

16 (a) Informant Laurence Melvin
(b) Address 3844 Quarry Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill Balto Co
Location Owings Mills

18 (a) Funeral director L Freeman Cook
(b) Address 1217 DE Paul Street

19 (a) APR 8—1942 Registrar
(Signature of city registrar)
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1942, to April 6 1942 and that I last saw her alive on April 6 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	9 days
Due to Hypertension	4 years
Due to Chronic Glomerular nephritis	6 years
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurence V. S. Markline M. D.
Address 900 W. 37th St City Date signed 4/6/42

PLEASE WRITE PLAINLY. Please see that your answers are full and correct. Ages should be given in all cases, and should be carefully verified. Physicians: please write the cause of death in such a way that it may be understood by others than yourself. Accuracy in stating the cause of death is especially important.

VS 8

F 91018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42 D

F 91018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina S. Cramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	~~Widow~~ married

6 (b) Name of husband or wife David F. Cramer
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1873

8. AGE: Years	Months	Days	If less than one day
68	7	4	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Heinekamp
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Mr. Cramer
(b) Address 1102 Greenmount Ave

17 (a) Burial (b) Date thereof April 10, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Filed (b) APR 8 - 1942
VS 2006 Monument St

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937 19 , to April 6 1942 and that I last saw h alive on 19 .

Immediate cause of death	Duration
Coronary Thrombosis	1 wk.
Due to Jaundice + coronary Sclerosis	10 years
Due to	
Other Conditions Chronic Endocarditis	

(Include pregnancy within 3 months of death)
Date of operation ?
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2005 E. Monument St Date signed 4/7/42

M. D.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly as is especially important.

F 91019 F 91019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Walnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Sutton Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Bibb Mills

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1879

8. AGE: Years 62 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation home duties

11. Industry or business

FATHER
12. Name Benj. F. Sutton
13. Birthplace N. C.

MOTHER
14. Maiden Name Laura Rouse
15. Birthplace N. C.

16 (a) Informant Mrs. Jr. Bibb Mills
(b) Address 1111 Walnut ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred. ave. Balto. Md

18 (a) Funeral director John O. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

19 (OR 8 1942) Huntington Williams, M.D. Registrar

AHR

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942, at 9⁰⁰ PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1941, to April 7 1942, and that I last saw her alive on April 7 1942.

Immediate cause of death: Kidney Stones — Duration

Due to: Uremia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Longcope M. D.
Address MD General Hosp. Date signed 4/7/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and give correct age is especially important.

91020

BALTIMORE CITY HEALTH DEPARTMENT 41

CERTIFICATE OF DEATH 184

Registered No. E 91020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co.
(c) City or town Laurel Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E Hall

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26, 1908

8. AGE	Years	Months	Days	If less than one day
	33	11	11	hr. min.

9. Birthplace Annapolis Jct. Md.
(Town, county, and state)
10. Usual Occupation Watchman B&ORR
11. Industry or business

FATHER
12. Name Charles Hall
13. Birthplace Md

MOTHER
14. Maiden Name Rosa A Vreland
15. Birthplace Md

16 (a) Informant Charles Hall
(b) Address 2935 Indiana Ave. Westport, Balt
17 (a) Burial (b) Date thereof 4-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Marys.
Location Laurel Md
18 (a) Funeral director Merritt Donaldson
(b) Address Laurel, Maryland
19 (a) [redacted] Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 4 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Shotgun Wound of abdomen and chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental?
(b) Date of occurrence 4/7/42 at 9 a M
(c) Where did injury occur? Laurel Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? No
(Specify type of place)
(e) Means of injury Shot gun fell: discharged
23. Signature Wm Hall Lundquist M.D.
Medical Examiner
Date signed 4/7/42

91021

SS 72842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91021

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 Market Place (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Peter De War

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1864

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 8 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address per H. A. Moore

19 APR 8 - 1942 Huntington Williams, M.D.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942, at 6 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942 to 3-30 1942, and that I last saw him alive on 3-30 1942

	Duration
Immediate cause of death: Central thrombosis	5 days
Due to: Central arteriosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun, M. D.

Address Balto. City Hosp. Date signed 4-8-42

VS 2

8097

F 91022

SS 72753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. F 91022

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSPITALS 57

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 North Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1884

8. AGE: Years	Months	Days	If less than one day
57	9	19	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Shoe Shiner
11. Industry or business

FATHER
12. Name Noach Sullivan
13. Birthplace North Carolina

MOTHER
14. Maiden Name Ann Macon
15. Birthplace North Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 8 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 APR 8 - 1942 Attesting for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1942 to 3-30 1942 and that I last saw h alive on 3-30 1942

Immediate cause of death	Duration
Anemia	?
Due to Carcinoma pharynx	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-5-42

VS 8

8096

91023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

F 91023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druidcland & Rayner
(c) Hospital or institution: WBGH.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4306 Falls Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lowry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1942

8. AGE: Years	Months	Days	If less than one day
			21 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Lowry
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Charles Lowry
(b) Address 4306 Falls Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

APR 3 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) APR 8 - 1942 Huntington Williams, M.D.
(Date due to be registered)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3 1942, at 1.22 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/2 1942 to 4/3 1942, and that I last saw him alive on 4/3 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Pierson M. Checkley, M.D.
Address WBGH. Date signed 4/3/42

VS 2

8095

F 91024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146 C

F 91024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town PASADENA P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. East Smallwood Road Pt. Pleasant Beach
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Simmons.

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LOUISE SIMMONS
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) NOV 10 1889

8. AGE: Years	Months	Days	If less than one day
52	4	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name FRANK. SIMMONS
13. Birthplace MD.

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace MD

16 (a) Informant LOUISE SIMMONS.
(b) Address PASADENA. P. O.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BALTO CITY.

18 (a) Funeral director Bernard C. Hartley
(b) Address 121 E Hoff St

19 (a) APR 8 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1942, to April 8th 1942, and that I last saw h. l. m alive on April 8 1942

Immediate cause of death Carcinoma of the stomach

Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation March 21, 1942

Major findings of operation: Carcinoma of the stomach, metastases of the liver

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Otto M. D.
Address P. O. Balto Co. Date signed 4-8-42

VS 8

91025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. E 91025

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Harbor Hosp of Hughes St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~John Wesley Parker~~ Joan D. Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-3547

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1920

8. AGE: Years 21 20 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Ports mouth Va. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Albert Parker
13. Birthplace Ports mouth Va.

MOTHER 14. Maiden Name Roberta Walker
15. Birthplace Portsmouth Va.

16 (a) Informant Albert Parker
(b) Address 927 S. Sharp St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 9 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon Cmty
Location Balto

18 (a) Funeral director Watts D. Spriggs
(b) Address 739 W. Hamlet St

19 (a) APR 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accidental
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/2/1942 at Evening M
(c) Where did injury occur? Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Drowning

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/7/42

VS 6

F 91026

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 944

F 91026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cathedral and Read St
(c) Hospital or institution:
Milner Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Harriston (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN R STEWART

3 (b) If veteran, name war ?

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth M.
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1890

8. AGE: Years	Months	Days	If less than one day
51 57	3	13	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Successor Paint Co.

FATHER
12. Name Ambrose Stuart
13. Birthplace Tennessee

MOTHER
14. Maiden Name Unknown
15. Birthplace Tennessee

16 (a) Informant Elizabeth M. Stuart
(b) Address Morristown Tennessee

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Jarnagin
Location Morristown Tenn

18 (a) Funeral director
(b) Address 1217 Pond St

19 (a) APR 8 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Coronary occlusion
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Wollenweber M.D.
Date signed 4-8-42 Co. Medical Examiner.

F 91027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 91027 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 342 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Safronia Pappas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 40			hr. min.

9. Birthplace Kepos Island near Greece (Town, county, and state)
10. Usual Occupation Chef
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Geo. Agnew
(b) Address 4013 Eharman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (Month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Francis Reyes
(b) Address Westminster Md

19 (a) APR 8 1942 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Fractured 3rd & 4th cervical vertebra	
Due to Crushing of spinal cord	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3/30/42 at 6 M
(c) Where did injury occur? 342 Woodbourne Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? No
(e) Means of injury Dropped in grain

23. Signature H. H. Vandegrift M.D. Medical Examiner
Date signed 4/7/42

413234 F 91028 BALTIMORE CITY HEALTH DEPARTMENT F 91028

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	married.

6 (b) Name of husband or wife Malvin White
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 5/14/14

8. AGE: Years	Months	Days	If less than one day
27	10	20	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace South Carolina

MOTHER
14. Maiden Name George Green
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 4-8-42 (month) (day) (year)
(c) Cemetery or crematory Lyon Hill Cemetery
Location Columbia S. Carolina

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

19 (a) APR 8 1942 (b) Huntington Hillsdale, N.Y. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942 to April 4 1942 and that I last saw her alive on April 4 1942

Immediate cause of death Chronic myelogenous leukemia — Duration 20 mo's

Due to

Due to

Other Conditions Anemia. Syphilis - latent
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 4/7/42

F 91029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 24-a

F 91029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Dorsey
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Schade

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3084

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George W. Schade

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16/1882

8. AGE: Years 59 Months 5 Days 23 21 If less than one day hr. min.

9. Birthplace Balto Co Md.
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Kramer & Co 16 Bentaw St

FATHER
12. Name Richard S McCullough
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Elizabeth Rutell
15. Birthplace Delaware

16 (a) Informant Catherine R. McCullough
(b) Address Dorsey Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 11/1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director Harry H. Annacost
(b) Address 420 Reisterstown Rd

19 (a) APR 8 - 1942 (Date rec'd by registrar) (b) Huntington Millhauser, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 42 at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 19 42 to 4-7 19 42 and that I last saw her alive on 4-7-42 19 42

Immediate cause of death: Septicemia ?

Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy no gross pathology

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hartz

Address Univ. Hosp. Date signed 4/8/42

Fill in these items carefully and correct age is especially important. Physicians please cooperate.

F 91030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 91030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 Glenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-40
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Glenwood Avenue (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William B. Baker

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-18-0076

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Coward

6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Jan 11th 1868

8. AGE: Years: 74 Months: 2 Days: 26 If less than one day: ##### min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Engineer (Stationary)

11. Industry or business: Retired

FATHER
12. Name: [illegible] Baker
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Maryland

16 (a) Informant: Miss Ruth Baker (Daughter)
(b) Address: 625 Glenwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 10, 1942 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Baltimore County

18 (a) Funeral director: George J. Kath, Inc.
(b) Address: 1735 Harford Avenue

19 (a) [illegible] (b) [illegible] Huntington Williams, M.D.
APR 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7th, 1942, at 04 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to 4/7 1942
and that I last saw h[illegible] alive on 4/7 1942

Immediate cause of death: Coronary occlusion — Duration: 8 hours
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: C. H. Rein M. D.
Address: 670 York Rd. Date signed: 4/7/42

correct age is especially important

91031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 92-B Registered No.

F 91031

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S. Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Bethel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis (Lewis) Lee

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-05-8426

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha Lee

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 12-26-1894

8. AGE: Years 47 | Months 3 | Days 8 9 | If less than one day: hr. min.

9. Birthplace Norfolk, Va
(town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Bob Lee
13. Birthplace N.C

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Martha Lee
(b) Address 112 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1200 Eutaw Pl and Huntington Ave

19 APR 8 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1942 at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1941 to 4/5 1942 and that I last saw h. alive on 4-5 1942

Immediate cause of death: Mitral Insufficiency
Due to: aortic insufficiency
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: unk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. Howard M.D.
Address 1500 E Madison St Date signed 4/7/42

Name and correct age is especially important for identification purposes.

VS 3

M. D. B. 1203-0

91032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91032

CERTIFICATE OF DEATH 92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Bond 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Waters Baulding

(a) Residence: No. 18 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert Baulding

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years: 57; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairmont Md

FATHER

13. NAME: Ike Waters

14. BIRTHPLACE (city or town) (State or country): md.

MOTHER

15. MAIDEN NAME: Marguerite Conway

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ida Ward

(Address) 15-17 N. Pallast

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 9, 19 42

19. UNDERTAKER: Chas Wilson

(Address) 1700 Pennsylvania Ave

20. FILED APR 8 1942 Hunting Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 19 42

22. I HEREBY CERTIFY, That I attended deceased from March 15, 19 42 to April 3, 19 42

I last saw her alive on April 2, 19 42 Death is said to have occurred on the date stated above, at 6A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	2,
Other contributory causes of importance: Arteriosclerosis	7

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) F. K. Adams M. D.

(Address) 222 N. Caroline

State CAUSE OF DEATH, OCCUPATION in very important. See instructions on back of certificate.

V. S. 8

91033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-8 Registered No. E. 91033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E Pratt St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 20th 1894

8. AGE: Years	Months	Days	If less than one day
47	11	13	hr. min.

9. Birthplace Medora Ind. (Town, county, and state)

10. Usual Occupation No Record

11. Industry or business " "

FATHER
12. Name Milton Turner
13. Birthplace Ind.

MOTHER
14. Maiden Name Sarah Ward
15. Birthplace Ind.

16 (a) Informant Hazel Messina
(b) Address Medora Ind.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/8/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Medora
Location Medora, Jackson Co., Ind

18 (a) Funeral director William Cook
(b) Address 1217 E Fayette St

19 APR 8 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942 at 8:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Uremia Alcoholism — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 4/7/42

correct age is especially important

VS 6

F 91034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83D

Registered No. F 91034

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence V. Hansell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 20 1910
8. AGE: Years 31 Months 9 Days 16 If less than one day hr. min.
9. Birthplace Cumberland Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Percy Wm. Hansell
13. Birthplace Pa

MOTHER
14. Maiden Name Maude E. Shank
15. Birthplace Md

16 (a) Informant Rev. J. E. Grimm
(b) Address 300 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Co Md

18 (a) Funeral director Pilkerton & Cole
(b) Address 12 W Lexington St

19 (a) (Date rec'd by registrar) (b) Wellington Williams M.D.

APR 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942, at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1942 to 4/6 1942, and that I last saw him alive on 4/6 1942

Immediate cause of death: Status Epilepticus
Due to (Congenital Cerebral palsy.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 weeks
tho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. G. Johnson M.D.
Address 2818 N. Charles Date signed 4/8/42

PLEASE WRITE PLAINLY. Physicians: please fill correct age is especially important.

F-91035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120-B

Registered No. F-91035

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St + Calvert
(c) Hospital or institution:
Un M Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Roanoke
(c) City or town Roanoke
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Allendale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille R. Maddox

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Mr. Frank Maddox
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 8 - 1904

8. AGE: Years	Months	Days	If less than one day
37	9	1	hr. min.

9. Birthplace Va Roanoke
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thos W Spindle
13. Birthplace Va

MOTHER 14. Maiden Name Edith Cowell
15. Birthplace Tokio Japan

16 (a) Informant Frank B Maddox
(b) Address 1028 Allendale Rd Roanoke

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 12 1942 (month) (day) (year)

(c) Cemetery or crematory Evergreen
Location Roanoke Va

18 (a) Funeral director Stamps Pate
(b) Address 622 Kirkwood

19 APR 9 - [redacted] (Date rec'd by registrar) (Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942, at 429 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 4-9 1942, and that I last saw h[illegible] alive on 4-9 1942

Immediate cause of death
cardiac failure
perforated
Due to ruptured ulcer
duodenum
Due to ulcerative colitis, acute

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: peritonitis
perforated ulcerations, colitis
of autopsy:

Duration
months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital Signed 4/12/42

PLEASE WRITE PLAINLY, with ink. Items 1 to 23 must be answered. Physicians: please write the cause of death clearly and correct age is especially important.

VS 2

F 31036
411536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

104-B Registered F 31036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town New Oxford (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. #1 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Hoffman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/40

8. AGE: Years	Months	Days	If less than one day
2 1	1	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Hoffman
13. Birthplace Pa

MOTHER
14. Maiden Name Myra Zepp
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hanover Pa.

18 (a) Funeral director W. G. Fissel
(b) Address Hanover Pa.

APR 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1942 to April 8 1942, and that I last saw him alive on April 8 1942.

Immediate cause of death Nephritis — Duration 15 wks

Due to

Due to

Other Conditions ? Silver Thrombosis ? Brain Abscess

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Eglehart M. D.
Address Johns Hopkins Date signed Apr 8 - 42

PLEASE WRITE PLAINLY, WITH INK. correct age is especially important. Physicians: please write the cause

VS 3

F 91037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 - E 91037

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street Address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1007 Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estella Perkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Aaron Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 1893

8. AGE: Years 49 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Ht Home

11. Industry or business

FATHER 12. Name Albert Perkins
13. Birthplace Md.

MOTHER 14. Maiden Name Hattie Boardley
15. Birthplace Md.

16 (a) Informant Aaron Thomas
(b) Address 1007 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12-4 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md

18 (a) Funeral director James A. Day
(b) Address 1142 Mosher St

19 (a) Date received APR 9 1942 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1942 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Enlarged heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/7/42

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the cause of death correct age is especially important.

F 91038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-42 F 91038 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Schoenholtz (Birth # F-46428)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/17/42
8. AGE: Years | Months | Days: 22 | If less than one day: hr. min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Milton Schoenholtz
13. Birthplace: New York

MOTHER
14. Maiden Name: Sarah Kraus
15. Birthplace: New York

16 (a) Informant: Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Philpot & Hamilton Aves.

18 (a) Funeral director: Jos. Lenz Sons
(b) Address: 1439 E. Baltimore St.

19 (b) APR 9 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 7 1942 and that I last saw [illegible] alive on April 8 1942

Immediate cause of death: Congenital heart disease Atelectasis — Duration: one
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. J. Revell M.D.
Address: University Hosp. Date signed 4-9-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. [illegible] correct age is especially important. Physicians: please write the causes of death clearly.

VS 2

F 91039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-H

F 91039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Hungarrie Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Juanita E. nee Tarbly

6 If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-92

8. AGE: Years	Months	Days	If less than one day
49	11	2	hr. min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual Occupation Manuf.

11. Industry or business Brush Machine

FATHER
12. Name Chas. E. Fisher
13. Birthplace Md.

MOTHER
14. Maiden Name Molly Deer
15. Birthplace Md.

16 (a) Informant Records.
(b) Address Johns Hopkins Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Pinkett
(b) Address 4101 Edmondson Ave

19 (a) APR 8-1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 8 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942 Apr 6 1942 and that I last saw deceased alive on Apr 6 1942

Immediate cause of death Sarcoma, retro-peritoneal — Duration

Due to

Due to

Other Conditions Anemia, secondary (Include pregnancy within 3 months of death)

Date of operation Jan 16, 42

Major findings of operation: Retroperitoneal sarcoma

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Grace M.D.
Address Johns Hopkins Date signed 4-6-42 M. D.

PLEASE WRITE PLAINLY, WITH INK. correct age is especially important. Physicians: please write the cause

F 91040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91040 Registered No. 30-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Brookwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Lee Suter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife: Flora Becker Suter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6. 1874

8. AGE: Years	Months	Days	If less than one day
68	—	2	hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)
10. Usual Occupation Retired Store Mgr
11. Industry or business Household Furn

FATHER
12. Name Thomas Suter
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mrs. Flora B. Suter
(b) Address 606 Brookwood Rd

17 (a) Cremation (b) Date thereof Apr. 11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 Edmondson Ave

19 (a) Apr 9 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1942, at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1942 to April 8 1942 and that I last saw him alive on April 8 1942.

Immediate cause of death: Congestive Heart Failure — Duration 2 months
Due to Arteriosclerotic Heart Disease — ?
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Aneurysm of Abdominal Aorta
of autopsy: Same. Also

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fueting
Address Bon Secours Hospital Date signed 4-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

F 91041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Overlee
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Glenmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V. Hopkins.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
***	***	Female	White	Single

6 (b) Name of husband or wife ***
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1853

8. AGE: Years	Months	Days	If less than one day
88	4	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Hopkins
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Elizabeth Wales
15. Birthplace Va.

16 (a) Informant Mrs Alice J. Dumler
(b) Address 5111 Whiteford Ave, Govans.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Mahan
(b) Address 421 Greenmount Ave.

19 (a) APR 9 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7. 1942, at 12 04am M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1940. to April 6 1942, and that I last saw h er alive on April 5 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Futterman
Address 3324 Ravenstone Rd Date signed 4/8/42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the cause of death

F 91042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a

F 91042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S. Washington St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH H SPARROW

3 (b) If veteran, name war Spanish American
3 (c) Social Security Account No. None
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mary A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 22 1865
8. AGE: Years 77 Months 1 Days 16 If less than one day hr. min.
9. Birthplace Martins Mass (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mattie Zagorski
(b) Address 1810 E. Lombard St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 42 (month) (day) (year)
(c) Cemetery or cemetery Baltimore National
Location Frederick Rd.
18 (a) Funeral director Mark W. Disque
(b) Address 372 S. Arm St
19 (a) APR 9 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 8th, 1942 M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury kitchen gas stove
23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 3-8-42

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the condition which caused death, avoiding the use of abbreviations or terms which are not commonly understood. Please report immediately any change in address of deceased occurring before death, and the exact address at time of death. Please see that the personal particulars are correct as the information is especially important.

VS 6

F 91043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-D Registered No.

F 91043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY A. SPARROW

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: ?
6 (b) Name of husband or wife: Joseph H.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1875
8. AGE: Years: 67 | Months | Days | If less than one day: hr. min.
9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation:
11. Industry or business: At Home

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Martin Zawoyski
(b) Address: 1810 E. Fleet
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 10 42 (month) (day) (year)
(c) Cemetery or crematory: Balto. National
Location: Frederick Rd
18 (a) Funeral director: Mat H. G. Doppel
(b) Address: 37 S. Carey St.
19 (a) APR 9 1942 (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Illuminating gas poisoning — Duration:
Due to:
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: April 8, 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House (Specify type of place) While at work? No
(e) Means of injury: Kitchen gas stove

23. Signature: H. L. Williamson M.D. Medical Examiner.
Date signed: 4-8-42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death correct age is especially important.

VS 6

F 91044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

F 91044 Registered No.

PLEASE WRITE PLAINLY, WITH ... correct age is especially important. Physicians: please write the ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N Dallas St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Blake

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace

MOTHER 14. Maiden Name Susie ?

15. Birthplace Md.

16 (a) Informant Alveta Sanders

(b) Address 407 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Birkenhead ave

19 (a) Date received APR 9 - 1942 (b) Registrar Huntington Millard, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 2:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Post Traumatic Epilepsy — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/7/42

F 91045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91045 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2869 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 2869 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Schuchardt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-6384

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Alice L. Schuchardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1903

8. AGE: Years 68 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Boilermaker

11. Industry or business Bethlehem Fairfield

FATHER
12. Name Edward Schuchardt
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Alice L. Schuchardt
(b) Address 2869 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) APR 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 7.15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar Pneumonia

Due to Bilateral

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-8-42

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the

VS 6

FX 72439 **F 91046**

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91046 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or ~~BALTIMORE~~ CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1151 E. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~ELIZABETH~~ ANNA J. BIGLER

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John (Deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, ~~1864~~ 1864

8. AGE: Years	Months	Days	If less than one day
78	0	4	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Wolfe
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.
APR 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1942, at 7 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942, to 4-7 1942, and that I last saw h[illegible] alive on 4-7 1942.

Immediate cause of death Uremia — Duration 3 weeks

Due to

Due to

Other Conditions Bronchopneumonia — 7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 4-7-42

PLEASE WRITE PLAINLY. Write correct age is especially important. Physicians: please

F 91047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91047 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Presstman Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Presstman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

16-1

3 (a) FULL NAME: Emma Lillie Lowman

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 6, 1867

8. AGE: Years 75 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace: Odenton, A.A. Co.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Thomas J. Lowman
13. Birthplace: A.A. Co.

MOTHER
14. Maiden Name: Martha B. Brotherton
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss. Maude Turner
(b) Address: 2815 Presstman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner and Sons.
(b) Address: North and Pa. Aves.

19 (a) [illegible] (b) [illegible]

APR 9 1942 Huntington Hill Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to April 6 1942 and that I last saw her alive on April 6 1942

Immediate cause of death — Duration

Myocardial Insufficiency — 1 da.
Due to Carcinoma of Uterus — 5 yrs.
Due to [illegible] — 7 da.
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Tom M.D.
Address 8067 Fullerton Date signed April 9/42

PLEASE WRITE PLAINLY, with ink. Be sure to correct age is especially important. Physicians: please write

F 91048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 91048 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 149 West Lanvale Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 149 West Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mary Fitzgerald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1888

8. AGE: Years	Months	Days	If less than one day
54	1	14	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Patrick J. Fitzgerald
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Catherine T. Riordan
15. Birthplace ----- West Virginia

16 (a) Informant Mrs. Catherine T. Monoghan
(b) Address 149 West Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cemetery
Location Texas, Maryland.

18 (a) Funeral director H. G. Meard & Son
(b) Address 805 North Calvert Street

19 (a) APR 9 1942 Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1942, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1942, to Apr. 8, 1942, and that I last saw her alive on April 8, 1942.

Immediate cause of death: Carcinoma of liver. — Duration: 7

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert St. Date signed Apr. 8, 42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the ...

F 91049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √61 F 91049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Hayward Avenue St. 27-14 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Cordelia E. Mc. Comas

If U. S. Veteran specify WAR _____

(a) Residence: No. 3512 Hayward Avenue St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John N. Mc. Comas Sr.

6. DATE OF BIRTH (month, day, year) April 2, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Jarrettsville, Maryland

FATHER

13. NAME Wm. C. Standiford

14. BIRTHPLACE (city or town) (State or country) Jarrettsville Maryland

MOTHER

15. MAIDEN NAME Sarah Knight

16. BIRTHPLACE (city or town) (State or country) Jarrettsville, Maryland

17. INFORMANT Mr. John N. Mc. Comas

(Address) 3512 Hayward Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4-9- 1942

19. UNDERTAKER Loring Byers

(Address) 5005 Park Heights Avenue

20. FILED APR 9 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6- 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1942 to Apr 6 1942

I last saw h,er alive on Apr 16 1942 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance: Hypertension.	?

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, _____

(Signed) John L. Bubert M. D.

(Address) 4803 Park Heights Ave

Information about items 1 to 20 must be in plain terms, so that it may be understood by the layman. State CAUSE OF DEATH in plain terms, so that it may be understood by the layman. See instructions on back of certificate. OCCUPATION is very important.

VS 3

F 91050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

Registered No.

F 91050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correctly and fill in all items. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Gladenhall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Gladenhall Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

63

3 (a) FULL NAME Mary Brockenburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6 79

8. AGE: Years	Months	Days	If less than one day hr.	min.
63 67	3	0		

9. Birthplace Northumberland Co Va
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Mattie Thomas
15. Birthplace

16 (a) Informant William McClain
(b) Address 1003 Gladenhall St

17 (a) Burial (b) Date thereof 4-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Isaiah L. Brown
(b) Address 1012 Montgomery St

19 (a) APR 9 - 1942 Filed by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1942 to April 6 1942 and that I last saw her alive on April 6 1942

Immediate cause of death Chronic Endocarditis

Due to

Due to

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jenny C Carper M. D.
Address 1016 E. Monument St Date signed 4-9-42

VS 8

F 91051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 91051

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 S. Wolf St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Wolf St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Zaczek

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	None	Male	White	Widowed

6 (b) Name of husband or wife Mary Zaczek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Floor Hand
11. Industry or business Continental Can Co.

FATHER
12. Name Frank Zaczek
13. Birthplace Poland

MOTHER
14. Maiden Name Tekla Piekarczyk
15. Birthplace Poland

16 (a) Informant Walter Zaczek
(b) Address 127 S. Wolf St

17 (a) Burrial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Orzazuski
(b) Address 1930 Eastern Ave.

19 (Date received by local registrar) APR 9 1942 Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 11. AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to April 8 1942
and that I last saw him alive on April 6 1942

Immediate cause of death: Labor Pneumonia
My Personal Knowledge

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 mo.
6 days.
O.K.W.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac F. Jenkins M.D.
Address 700 S. Patterson Park Ave. Date signed 4/9/42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

F 91052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 91052
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 832 N. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 N. Linwood Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kus

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James Kus Sr.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1875.

8. AGE: Years	Months	Days	If less than one day
66	8	11	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name James Vancura
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Matilda Beitz
(b) Address 832 N. Linwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horners Lane & Phila Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 APR 9 - 1942 (Date rec'd by Registrar) (b) Huntington Millimore, Md.

PLEASE WRITE PLAINLY. With ... correct age is especially important. Physicians: please write the ...

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942 to April 7 1942 and that I last saw h[er] alive on April 7 1942.

Immediate cause of death

Duration

Uremia 1939

Due to Cerebral Hemorrhage 4/4/42

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Roarer M.D.
Address 801 E. Lexington St. Date signed 4/9/42

F 91053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baton Woodside Ct.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. East Ave. Balt.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victor J. SCHULTZ SZCZUBLEWSKI

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-05-5675

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ANNA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 13-1908

8. AGE: Years 34 | Months 12 | Days 23 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business [redacted] COLA

FATHER
12. Name FRAND SCHUETS SZCZUBLEWSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name ROSE TECLAW
15. Birthplace POLAND

16 (a) Informant ANNA SCHULTZ WIFE
(b) Address 612 S. EAST. AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART OF MARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Gribus Sons
(b) Address 403 S. WOLFE ST.

19 (a) [redacted] (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8/ 1942 at 6.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/ 1942 to 4/8/ 1942 and that I last saw h[redacted] alive on 4/8/ 1942

Immediate cause of death: Cardiac failure — Duration one year.

Due to: Hypertensive C.V. Disease

Due to: Chronic nephrosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. V. Tomaselli
Address St Joseph's Hospital Date signed 4/8/42

F 91054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 91054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 S. MACON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S. MACON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

261

3 (a) FULL NAME JUSTINA M. GOECKE

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: OTTO GOECKE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 16 1864

8. AGE: Years 77 67 | Months 11 0 | Days 20 6 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name THOMAS ROHLEDER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY JURGENS
15. Birthplace BALTO. MD.

16 (a) Informant OTTO GOECKE (HUSBAND)
(b) Address 426 S. MACON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 10/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location [illegible] BELAIR L ROAD

18 (a) Funeral director Lilly and Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) DR 0-1045 (b) Received by registrar Huntington Wilson M.D.

VS 8

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH APRIL 6 42 7/40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1942 to April 6 1942 and that I last saw h[illegible] alive on April 6 1942

Immediate cause of death
Myocardial Insufficiency — Duration 2 days
Due to
Carcinoma of Uterus — 1 yr. or +
Due to
Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Degenhardt M. D.
Address 4902 Eastern Ave Date signed 4-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly.

F 91055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 91055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correctly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland LABYRINTH-
(b) Street address 3605 Labrynth Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Labrynth Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME CARRIE F. GOLDSMITH

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th. 1875

8. AGE: Years	Months	Days	If less than one day
66	11	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Moses Fox.
13. Birthplace Germany.

MOTHER 14. Maiden Name Rose Neuberger,
15. Birthplace Germany.

16 (a) Informant Mrs. Wm. Metzel,
(b) Address 6811 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42. (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1902 Eutaw Place.

19 APR 9 - 1942 (Date rec'd by registrar) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th. 1942, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1942 to 4/7 1942, and that I last saw h[illegible] alive on 4/7 1942

Immediate cause of death	Duration
Coronary Occlusion	1 Day
Due to Coronary Sclerosis	5 yrs.
Due to Diabetes Mellitus	15 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Esplanade Apts. Date signed 4/9/42 M. D.

DR.-Edwin E. Mayer

F 91056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 So Eaton St (If rural give location)
Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Gaetano Franchi

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3319

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Franchi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 23 Jul. 1883

8. AGE: Years	Months	Days	If less than one day
58	8	14	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business Bethlehem Steel Corp.

FATHER
12. Name Francesco Franchi
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Persiani
15. Birthplace Italy

16 (a) Informant Record - Dunbar
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) APR 8 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 5:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death
Fractured skull
Lobar pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/23/42 at 11:40 A.M.
(c) Where did injury occur? In road 3736 Clayton St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Collision - Motor truck.

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 4/7/42

PLEASE WRITE CLEARLY. Use ink. Do not use pencil. Be sure to answer each question. If none, write none. If unknown, or if question does not apply, write unknown, or does not apply, as the case may be. Please see that your certificate is correct and complete. Do not leave any space blank. Be sure that the date of death is correct and that the cause of death is correctly stated. Be sure that the age is correct age is especially important. Physicians: please write plainly.

V8 4

F 91057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 91057

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 135 da

(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 645½ W. Mulberry St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

4-2

3 (a) FULL NAME Edward Meisby 70086

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1880

8. AGE: Years	Months	Days	If less than one day
61	10	21	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Hilliard

13. Birthplace Va.

MOTHER

14. Maiden Name Azalene Greene

15. Birthplace Va.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 11 - 42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St.

19 (a) APR 9 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5 19 42 at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 19 41, to Apr. 5 1942, and that I last saw him alive on Apr. 5 19 42.

Immediate cause of death

Pulmonary tuberculosis — Duration 7 mos?

Due to

Due to

Other Conditions Diabetes mellitus — Duration 6 mos?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M.D.

Address Balto City Hosp Date signed 4-8-42

PLEASE WRITE PLAINLY. Physicians: please fill in correct age is especially important.

VS 3

F 91058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

F 91058

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1108 W. Fayette St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BALTIMORE CITY HOSPITALS Frank Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche Quinn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1874

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (City or county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name Frank Quinn

13. Birthplace Maryland

MOTHER

14. Maiden Name Cessie Melvin

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (month) (day) (year)

(c) Cemetery or crematory Pocomoke City, Md.

Location

18 (a) Funeral director Mrs. Kate R. Williams

(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1942 at 9 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1942 to 4-7 1942 and that I last saw h[illegible] alive on 4-7 1942

Immediate cause of death: Uremia — Duration: 2 weeks

Due to: Carcinoma nephrolemma — Duration: ?

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K Rabbitt M. D.

Address Balto City Hosp Date signed 4-8-42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

F 91059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91059

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 W Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1120 W Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	10	8		

9. Birthplace White Stone, Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Landon Jefferson
13. Birthplace Lancaster Co., Va

MOTHER
14. Maiden Name Mary Thurston
15. Birthplace Lancaster Co., Va

16 (a) Informant Ida Jefferson, Montague
(b) Address White Stone, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St. Huntington Station, N.Y.

19 (a) (b) Registrar

APR 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6-1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1941 to 4-7 1942 and that I last saw h alive on 4-6-1942.

Immediate cause of death	Duration
Chronic cardio-vascular - Renal disease	
Due to Hypertension	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. T. Jackson
Address 620 Washington Ave Date signed 4/7/42

PLEASE WRITE PLAINLY. Physician: please correct age is especially important.

91060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1160a

Registered No. F 91060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:

1713

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 743 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Infant Jones (Birth F 47117)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/24/42

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Isabele Jones
15. Birthplace Virginia

16 (a) Informant Isabelle Jones
(b) Address 743 George St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 9 - 1942 Per H. S. Moore
(Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1942, at 2 00 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1942, to April 3 1942, and that I last saw him alive on April 3 1942.

Immediate cause of death Respiratory failure

Due to Cerebral injury

Due to Difficult labor

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. M. Adams / per Dr. Penfold M. D.
Address Provident Hospital Date signed 4-3-42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

9011

91061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 91061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catalpa Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4238 S. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Scott (Birth F. 47118)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 5 42

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Gladys Mae Scott
15. Birthplace Savage, Balto Co., Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942
Commissioner of Health
18 (a) Funeral director
(b) Address Per H. A. Moore
19 (a) APR 9 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1942 to 4-5-1942, and that I last saw h[illegible] alive on 4-5 1942.

Immediate cause of death Premature Labor — Duration
5½ months Child
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Moore M. D.
Address H. Agnes Hosp. Date signed 4/7/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

9010

91062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 91062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs. 18min.
(e) Length of stay in Baltimore (yrs., mos., or days) 3hrs. 18min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Frailey Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Bennett Duth F-47027

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/42

8. AGE: Years	Months	Days	If less than one day
			3 hr. 18 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Robert Bennett
13. Birthplace Minnesota

MOTHER
14. Maiden Name Esther Wingert
15. Birthplace Pennsylvania

16 (a) Informant Esther Bennett
(b) Address 1233 Frailey Way, Armistead Gardens

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 9 - 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1942, at 2:18A

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942, to March17 1942, and that I last saw him alive on March 17 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 3/20/42

PLEASE WRITE PLAINLY. Physicians: please correct age is especially important.

VS 2

6009

91063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 91063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Wiggins (Births F-47049)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Neal
13. Birthplace Maryland

MOTHER
14. Maiden Name Geraldine Wiggins
15. Birthplace Maryland

16 (a) Informant Geraldine Wiggins
(b) Address 706 N. Spring St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1942 at 11:15 A

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942, to March 6 1942, and that I last saw her alive on March 6 1942

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M.D.
Address Johns Hopkins Hospital Date signed 4/6/42

PLEASE WRITE PLAINLY. Physicians: please answer correctly all questions. Be sure that age is correct age is especially important.

VS 3

9008

91064
41385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. E 91064

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby Boy" Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-27-42

8. AGE: Years	Months	Days	If less than one day
		5	16 hrs min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Bennie Johnson
13. Birthplace Md.
14. Maiden Name Beulah Lee
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) APR 9 - 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1942, 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1942 to April 1 1942 and that I last saw him alive on April 1 1942

Immediate cause of death: Intra-cranial Hemorrhage — Duration

Due to

Due to

Other Conditions (Premature & Partial Atelectasis of Lungs)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. O. Pollack M. D.
Address Johns Hopkins Date signed 4-6-42

VS 2

9007

91065
41394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91065

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Greenspring Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Buddie Carl Hamby (Birth-F 5850)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-42

8. AGE: Years	Months	Days	If less than one day
	10	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Edgar Hamby
13. Birthplace Va
14. Maiden Name Agnes Harrison
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 9 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
Per H. L. Moore

19 (a) APR 9 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1942 at 4-42 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to April 4 1942 and that I last saw h alive on April 4 1942

Immediate cause of death
Bronchopneumonia
Peritonitis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury Pollard

23. Signature Ron Pollard
Address John Hopkins Date signed 4-5-42

9906

VS 8

91066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149-B

Registered No. E 91066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution: WBGH.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Marriottsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Isabela Ways

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William Ways
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 1915-6-12

8. AGE: Years	Months	Days	If less than one day
26	9	25	hr. min.

9. Birthplace Marriottsville Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Claude Wm Tremmel
13. Birthplace Maryland

MOTHER
14. Maiden Name Cassie Harrison
15. Birthplace Maryland

16 (a) Informant William Ways
(b) Address Marriottsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1942 (month) (day) (year)
(c) Cemetery or crematory Prospect
Location Md. Anne Arundel Co. Md

18 (a) Funeral director C. M. Walls
(b) Address Winfield Md

19 (a) Huntington Williams, M.D. (b) Registrar

APR 9 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 2[illegible] P.M

21. I certify that death occurred on the date above stated, that I attended deceased from March 26 1942 to April 7 1942 and that I last saw h[illegible] alive on April 7 1942

	Duration
Immediate cause of death Pulmonary Edema	
Cerebral Edema	
Bronchopneumonia	
Due to Acute Dilat Dysfunction of Heart & Renal Insufficiency	
Due to Sclerosis	over one year
Uterine Hemorrhage	
Other Conditions Uterine Fibroids	
Pregnancy (Include pregnancy within 3 months of death)	

Date of operation 3/27/42
Major findings of operation: Carcinoma Cervix, Hysterectomy
of autopsy Pulmonary & Cerebral Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sienan M. Charlest M.D.
Address WBGH. Date signed 4/7/42

PLEASE WRITE PLAINLY, WITH [illegible] correct age is especially important. Physicians: please write the cause of death

91067

HEALTH DEPARTMENT—CITY OF BALTIMORE

91067

CERTIFICATE OF DEATH

131-41

1. PLACE OF DEATH Pine Crest Sanitarium

CITY OF BALTIMORE: (No. 600 Chapelgate Lane St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H Rouse

(a) Residence: No. 1445 Otis Place, Washington, D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie F. Rouse

6. DATE OF BIRTH (month, day, year) Sept. 23 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 18 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Chas Rouse

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME McKinnon

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Chas L. Rouse

(Address) Wash. D.C. Son

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 4/11/42 19

19. UNDERTAKER W W Chamberlin Co

(Address) Washington D.C.

20. FILED ... 19... Williams, M.D. Registrar.

APR 10 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1940 to April 9, 1942

I last saw him alive on April 7, 1942 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Arteriosclerotic Heart disease	1935
Myocardial Insufficiency	1942
Senile dementia	1938
Other contributory causes of importance: Senile Arteriosclerotic Kidney disease	1941

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Karl Pass M. D.

(Address) 4001 Wilkens Ave

information state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 91068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 91068 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4930 Hanford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Inglewood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Klug

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 41 6 E

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ William M. Klug
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1877

8. AGE: Years	Months	Days	If less than one day
64	6	0	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name ? Oltmann
13. Birthplace Germany

MOTHER
14. Maiden Name ? Ebtig Hamaker
15. Birthplace Balto. Md.

16 (a) Informant Wm M. Klug
(b) Address 2915 Inglewood Rd

17 (a) Burial (Burial, ~~cremation~~, or ~~entombment~~) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) APR 10 1942 (b) Huntington Williams, M.D. Registrar

VS 1

PLEASE WRITE ... correct age is especially important. Physician ...

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10-1942 to 4-8-1942, and that I last saw her alive on 4-7-1942.

Immediate cause of death: Cerebral Apoplexy — Duration: 36 days
Due to
Due to
Other Conditions Diabetes Mellitus — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C. Haug M. D.
Address 2117 Belair Rd Date signed 4-9-42

F 91069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 91069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Popular Green St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ray Grimm

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Grimm
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb 19th 1885
8. AGE: Years 57 | Months 1 | Days 20 | If less than one day ____ hr. ____ min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Employed by Mrs. Galloway

FATHER
12. Name John Grimm
13. Birthplace Md.

MOTHER
14. Maiden Name Laura - ( )
15. Birthplace Md.

16 (a) Informant Ray Grimm
(b) Address 2215 Popular Green St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Mc Cay
(b) Address 1314 E Pratt St
19 (a) 7-10-1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942; at 8:35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942 to April 8 1942 and that I last saw h[illegible] alive on April 8 1942

Immediate cause of death. Probably Hemiplegia Pulmonary Embolism — Duration

Due to Operation for strangulated loop of ileum & slight mesenteric thrombosis

Due to

Other Conditions Arterio sclerosis.

(Include pregnancy within three months of death.)

Date of operation April 7, 1942

Major findings of operation Gangrenous loop of ileum with slight mesenteric thrombosis in left mesocolon

of autopsy Cranial Cavity Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Hewell Walker MD M. D.
Address University Hospital Date signed Baltimore, Md April 8, 1942

PLEASE WRITE PLAINLY, WITH UNFADING [illegible]. correct age is especially important. Physicians; please write the causes of death

VS 5

F 91070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 91070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Rose Green

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband ~~or wife~~
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Aug 24th 1874

8. AGE: Years	Months	Days	If less than one day
67	7	5th	___ hr. ___ min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Green
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Elliott
15. Birthplace

16 (a) Informant Rose Barroch
(b) Address 2064 E. Eager St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md
18 (a) Funeral director William Cook
(b) Address 1727 St Paul St
19 (a) (Date received by local registrar) APR 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1942 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to April 9 1942 and that I last saw her alive on April 8 1942.

Immediate cause of death Coronary Thrombosis — Duration 4 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2270 E. Madison Date signed 4/9/42

PLEASE WRITE ... correct age is especially important. Typewriter ...

VS 3

F 91071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 Registered No. F 91071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Quinn

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 23rd 1864

8. AGE: Years 77 | Months 3 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James Quinn
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ellen McAdams
15. Birthplace Maryland

16 (a) Informant Elmer F. Hallen
(b) Address 1005 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 1517 Mt. Royal Ave

19 APR 10 1942 (b) Huntington Williams, M.D. (Registrar's signature)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1942, at 6.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to April 8 1942 and that I last saw h alive on April 7 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Renal Disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St. Date signed 4/9/42

PLEASE WRITE ... correct age is especially important. Physicians ...

VS 3

F 91072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 91072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Hicks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Lila
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 1883

8. AGE: Years	Months	Days	If less than one day
59	-	28	hr. min.

9. Birthplace C. C. Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Alex Hicks
13. Birthplace Calvert County Md

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Calvert County Md

16 (a) Informant Lila Hicks
(b) Address 2534 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. C. Md

18 (a) Funeral director Isaiah L Brannon Son
(b) Address 1016 Montgomery St

19 (a) APR 10 1942 (Registrar's number) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942; at 5:34 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1942 to Apr. 8 1942 and that I last saw h[illegible] alive on Apr. 8 1942

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to Malignant Lymphosarcoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckler
Address Provident Hosp. Date signed 4/11/42

PRINT WRITE correct age is especially important. Physicians, please

VS 3

F 91073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 91073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jno. John Mack (Birth F. 29072)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-41

8. AGE: Years	Months	Days	If less than one day
	10 11	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business night

FATHER
12. Name John Mc Laughlin
13. Birthplace La

MOTHER
14. Maiden Name Reagan Mack
15. Birthplace S.C.

16 (a) Informant Hattie Montgomery 8th
(b) Address 1139 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co. Md.

18 (a) Funeral director Josiah L Brown Son
(b) Address 108 W Monty omery St

19 (a) APR 10 1942 (Date received by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner.)
Date signed 4/8/42

PLEASE WRITE ... correct age is especially important. Physicians: please ...

VS-6

F 91074

F 91074 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Peach St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Peach St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Dorsey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown
13. Birthplace unknown

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Charles Edwards
(b) Address 161 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Balto Md

18 (a) Funeral director Frank L Brown & Co
(b) Address 168 W Montgomery St

19 (a) Filed APR 10 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to April 6 1942 and that I last saw her alive on April 6 1942

Immediate cause of death: Endocarditis (Chronic) — Duration: 2 months
Due to:
Due to:
Other Conditions: Tuberculosis. — Duration: 10 yrs
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J Carfora M. D.
Address 816 S. Broadway Date signed 4-9-42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

F 91075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 91075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mercy Hosp.
(b) Street address 2378 Madison Ave.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2378 Madison St.
(If rural give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Blonche Tilghman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward Tilghman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1887

8. AGE: Years 55 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Emory White
FATHER 13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Grace Ingles
MOTHER 15. Birthplace Balto Md

16 (a) Informant Mercy Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto

18 (a) Funeral director James Rotayo
(b) Address 142 W Fayette St

19 (a) (Date received by Registrar) (b) Registrar
APR 10 1942 Huntington Williams, M.D.

PLEASE WRITE PLAINLY. Physician: please write correct age in especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 1942 at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1942 to 4/9 1942 and that I last saw her alive on 4/9 1942

Immediate cause of death: Uremia — Duration: 10 days.

Due to Chronic Nephritis

Due to

Other Conditions Hypertension.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tracy T. Spencer Jr. M.D.
Address Mercy Hosp Date signed 4/9/42

F 91076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 91076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAMILLA H. GWATHNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. June 9, 1887

8. AGE: Years	Months	Days	If less than one day
54	9	28	hr. min

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Schoolteacher

11. Industry or business

FATHER
12. Name Cyrus Gwathney
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Lewis
15. Birthplace Va.

16 (a) Informant James Gwathney
(b) Address 418 N. Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] Huntington Williams

APR 10 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, '42 19 at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 4-8 1942, and that I last saw h[illegible] alive on 4-5-1942.

Immediate cause of death: Acute fulminating obstruction, peritonitis — Duration: 6 day

Due to

Due to: post operative shock — Duration: 1 day

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/8/42

Major findings of operation: obstruction + Necrotic of Cecum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Jackson M. D.

Address 600 Washington Date signed 4/9/42

PLEASE WRITE PLAINLY. Physicians: please be correct age is especially important.

F 91077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-B

F 91077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Watertown (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 Russell Ave (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Packard HERBERT W. PACKARD JR.

3 (b) If veteran, name war --

3 (c) Social Security Account No. 024-03-0922

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1920

8. AGE: Years 21 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Cambridge, Mass (Town, county, and state)

10. Usual Occupation Student

11. Industry or business Gettysburg College, Gettysburg Pa.

FATHER
12. Name Herbert W. Packard Sr.
13. Birthplace Brockton, Mass.

MOTHER
14. Maiden Name Ethel Bailey
15. Birthplace Watertown, Mass

16 (a) Informant Mr. Herbert W. Packard Sr.
(b) Address 153 Russell Ave. Watertown Mass.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Watertown, Mass.

18 (a) Funeral director Wm. J. TICKNER & SON INC.
(b) Address North & Pa Aves.

19 (a) APR 10 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/42 19 at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21/42 19 to 4/9/42 19 and that I last saw him alive on 4/9/42 19

Immediate cause of death	Duration
Streptococcic meningitis	19 days
Due to Recurrent mastoiditis, left	21-23 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3/21/42 and 4/1/42
Major findings of operation: acute exacerbation of chronic mastoiditis, left
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence S. Cannon, M.D.
Address University Hospital Date signed 4/9/42

F 91078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 91078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druther's Cafe Eutaw
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John J. Burns

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name ~~of husband or~~ wife Edna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1877

8. AGE: Years	Months	Days	If less than one day
64	7	21	hr. min.

9. Birthplace Shiloh Pa.
(Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business City Of Baltimore

FATHER
12. Name John Burns
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Edna Burns
(b) Address 1519 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Bonnie Brae Cemetery
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) APR 10 1942 (b)
(Date rec'd by registrar) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 4 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942, to April 9 1942, and that I last saw him alive on April 9 1942.

Immediate cause of death: Cerebrovascular accident — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Arthur Roseberg
Address St. Agnes Hosp. Date signed 4/9/42

PLEASE WRITE PLAINLY. Physicians: please answer correct age is especially important.

F 91079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dott
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 748 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Camps

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-06-1177

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mamie Camps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1905

8. AGE: Years	Months	Days	If less than one day
36	10	5	hr. min.

9. Birthplace Winnabow, S.C. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Elliott Campes
13. Birthplace Winnabow, S.C.

MOTHER
14. Maiden Name Maggie Brown
15. Birthplace Winnabow, S.C.

16 (a) Informant Maggie Camps
(b) Address 748 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katye B Williams
(b) Address 322 N Schroeder St

19 APR 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Williams M.D. Medical Examiner
Date signed 4/7/42.

PLEASE WRITE ... correct age is especially important. Physician: please ...

VS 6

F 91080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-B ✓ F 91080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutherford Madison St.
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Spence St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Neckert

3 (b) If veteran, name war ----
3 (c) Social Security Account No. 213-10-9201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Annie (wife)
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 15, 1885

8. AGE: Years	Months	Days	If less than one day
56	8	24	____ hr. ____ min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Thomas Neckert
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Trop
15. Birthplace Pa

16 (a) Informant patient.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 APR 10 1942 (Date rec'd by reg.) Huntington Williamsport (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 1 07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1942 to 4-9 1942, and that I last saw him alive on 4-9 1942

Immediate cause of death: General Peritonitis — Duration

Due to Perforation Small Intestine

Due to Healing Intestinal Anastomosis

Other Conditions of intestinal Obstruction
(Include pregnancy within 3 months of death)

Date of operation 3-16-42

Major findings of operation: intestinal (ileum) obstruction

of autopsy: General Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Euller B Whitworth M. D.
Address Md. Gen. Hosp Date signed 4-9-42

PLEASE WRITE PLAINLY, WITH [illegible] correct age is especially important. Physicians: please write the [illegible]

VS 3

F 91081

F 91081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 134-a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4949 Eastern Ave

(c) Hospital or institution BALTIMORE CITY HOSPITALS
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 903 Ramsey St (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Goldman

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-0630

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1907

8. AGE: Years	Months	Days	If less than one day
35	1	27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Social Security

FATHER — 12. Name Lewis Goldman

13. Birthplace Maryland

MOTHER — 14. Maiden Name Catherine Schornagle

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location 2900 Edmondson Ave.

18 (a) Funeral director John J. Cowan & Son

(b) Address 901 Hollins St.

19 (a) APR 10 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 at 7:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942 to 4-9 1942 and that I last saw him alive on 4-9 1942

Immediate cause of death Uremia — Duration ?

Due to Nephrolithiasis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp Date signed 4-9-42

PLEASE WRITE correct age is especially important. Physicians

VS 3

F 91082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 EUTAW PLACE
(c) Hospital or institution:
ELMHURST NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N. LUZERNE AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FURTUNA MIRANDO

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ALFONSO MIRANDO
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 16 1873

8. AGE: Years	Months	Days	If less than one day
68	5	23	hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN VENTRE
13. Birthplace ITALY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ITALY

16 (a) Informant FRANK MIRANDO (SON)
(b) Address 1327 N. LUZERNE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 13 (month) (day) (year)
(c) Cemetery or crematory ST. VINCENTS
Location CLIFTON PARK.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 Filed APR 10 1942 Registrar Washington Williams M.D. Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH APR. 8 1942, at 1/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1942 to 4/7 1942 and that I last saw h[illegible] alive on 3/7 1942

Immediate cause of death: Diabetes Mellitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund A. Morgan
Address 1216 W. Lafayette Date signed 4/9/42

VS 2

F 91083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-c

F 91083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME EMMA DELLA NOCE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: Joseph Della Noce
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Jan. 13 1889

8. AGE: Years	Months	Days	If less than one day
53	2	25	hr. min.

9. Birthplace: Misenti Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at home

FATHER
12. Name: Alessandro Catitti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Albina De Flavitis
15. Birthplace: Italy

16 (a) Informant: Joseph Della Noce (Husband)
(b) Address: 809 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 11/42 (month) (day) (year)
(c) Cemetery: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Noce
(b) Address: 52 N. Morley St.

19. APR 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

PLEASE WRITE PLAINLY. Physician: please write correct age is especially important.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8-1942, at 12 [illegible] M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942, to 4-7-1942 and that I last saw her alive on 4-7-1942.

Immediate cause of death: Hypostatic pneumonia - — Duration 10 days
Due to: Infarction of lung - — 2 wks +
Due to: Endocarditis & Hypertrophied heart — 2 wks -
Other Conditions: Polyarticular Chronic Rheumatism -
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: S. Zemmerio M. D.
Address: Medical attd. Office signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 91084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 21084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Gallow Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Gallow Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIMON GROSSMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1890

8. AGE: Years	Months	Days	If less than one day
52	1	21	hr. min.

9. Birthplace Romania (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Rumania

MOTHER
14. Maiden Name Sarah Pearl
15. Birthplace Rumania

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy & Hamilton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 APR 10 1942 At (Place of burial or removal) Huntingdon Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1942 to April 9 1942, and that I last saw him alive on April 9 1942.

Immediate cause of death Coronary Thrombosis — Duration 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin
Address 4818 Reisterstown Rd Date signed 4/9/42

PLEASE SEE that the correct age is especially important. Typewriter

VS 8

F 91085 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Linden Aves
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Harry Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1883

8. AGE: Years	Months	Days	If less than one day
59	3	8	hr. min.

9. Birthplace Poth (Town, county, and state)

10. Usual Occupation Music Machine Bus.

11. Industry or business

FATHER
12. Name Harry Cooper
13. Birthplace Poth

MOTHER
14. Maiden Name Rosa –
15. Birthplace Poth.

16 (a) Informant Lunetta Cooper
(b) Address 2736 Reis. Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-42 (month) (day) (year)
(c) Cemetery or crematory Shaarai Tfiloh
Location Windsor Mill Road

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) Huntington Williams M.P. Registrar

APR 10 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942, at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942, to April 6 1942, and that I last saw h[im] alive on April 6 1942.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Longfellow M.D.
Address Md. General Hosp Date signed 4/9/42

PLEASE WRITE PLAINLY, with ink. Be sure to give correct age. Physicians: please write the cause of death in terms which are especially important.

F 91086 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Mondawmin Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Mondawmin Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ANN PITCHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or ~~divorced~~
F	W	married

6 (b) Name of husband or wife Thomas M. Pitcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1871

8. AGE: Years	Months	Days	If less than one day
70	11	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Edna Crawford
(b) Address 3411 Mondawmin Avenue

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory David Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place

19 APR 10 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease.	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 4-9-42

PLEASE WRITE correct age is especially important. Physicians: please

VS 6

F 91087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F Registered No. F 91087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4503 Maine Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4503 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Howard Haslup

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Isidora Haslup

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1864

8. AGE: Years 78 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Afton Augusta Co. Staunton Va (Town, county, and state)

10. Usual Occupation Retired Blacksmith

11. Industry or business B&O R.R.

FATHER 12. Name Chas G. Haslup

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Jane Marsh

15. Birthplace Virginia

16 (a) Informant Miss Norma V. Haslup

(b) Address 4503 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11/42 (day) (year)

(c) Cemetery Lorraine Park Cemetery Location Pikesville, Md.

18 (a) Funeral director John O'Donnell & Sons

(b) Address 1900 Eutaw Place

19 (a) APR 10 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 8 1942 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1942 to Apr 8 1942 and that I last saw him alive on Apr. 8 1942

Immediate cause of death

Carcinoma of Gall Bladder with Metastases — Duration: Aug-1941

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Jones M.D.

Address 1663 W. North Ave. Date signed 4/9/42

PLEASE WRITE PLAINLY. Physician's name must be correct and age is especially important.

VS 8

413840 F 91088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 91088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 St Paul (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Geneva Foster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24 1897

8. AGE: Years	Months	Days	If less than one day
44	6	15	hr. min.

9. Birthplace Matthews Co. Va (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Simm P. Foster
13. Birthplace Matthews Co. Va.

MOTHER
14. Maiden Name Mary P. Cook
15. Birthplace Matthews Co. Va.

16 (a) Informant Address Mrs Blackburn
(b) Address 901 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1942 (month) (day) (year)
(c) Cemetery or crematory —
Location Old Point Comfort, Va.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 APR 10 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 9 1942 at 5.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1942, to Apr 9 1942, and that I last saw h alive on Apr 9 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	? 12 days
Due to: Hypertension	
Due to	
Other Conditions: Hypertensive Cardiovascular disease (Include pregnancy within 3 months of death)	? 3 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Quinby Jr M.D.
Address Johns Hopkins Hospital Date signed 4/9/42

PLEASE WRITE PLAINLY. Physicians: please state correct age is especially important.

VS 3

F 91089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12

Registered No. F 91089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-3990

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1921

8. AGE: Years	Months	Days	If less than one day
21	1	16/14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name William Joseph Smith Jr.
13. Birthplace New York, City.

MOTHER
14. Maiden Name Lillian Crowe
15. Birthplace Balto. Md.

16 (a) Informant William Joseph Smith Jr.
(b) Address 805 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. W. Holland
(b) Address 1621 Druid Hill Ave.

19 APR 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 10P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Infected crushing injury of left hand.	
Due to Tetanus	
Anaphalactic shock-	
Due to intravenous tetanus serum	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3/27/42 at M
(c) Where did injury occur? 1313 Monroe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Caught hand in wringer

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 4/8/42

VS 6

PLEASE WRITE PLAINLY. Physicians: please state correct age is especially important.

F 91090

F 91090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 N Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Aero Acres Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Right Aileron St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARY PIERSEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Fa Rue Piersey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1865

8. AGE: Years	Months	Days	If less than one day
76	9	6	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name	Owen Eisenhart
13. Birthplace	Pa
MOTHER 14. Maiden Name	— Leigh
15. Birthplace	Pa

16 (a) Informant Fa Rue Piersey
(b) Address 10 Aileron ave Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 13 42 (month) (day) (year)
(c) Cemetery or crematory Binghamton
Location Binghamton N.Y.

18 (a) Funeral director Fenaler Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (State rec'd by registrar) (b) Huntington Md Registrar

APR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/1942 at 9:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31/1942 to 4/9/1942 and that I last saw h alive on 4/9/1942

Immediate cause of death: Cardiac failure — Duration: 9 days
Due to: Arteriosclerotic heart disease
Due to:
Other Conditions: Diabetis mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Tompkins
Address St Joseph's Hospital Date signed 4/9/42

correct age is especially important. Physicians; please write the cause

F 91091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 91091

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4426 Minnesota ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4426 Minnesota ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J Bauer SR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E Bauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1875

8. AGE: Years 66 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Balto County Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joseph Bauer
13. Birthplace unknown

MOTHER
14. Maiden Name Mary
15. Birthplace unknown

16 (a) Informant Mary E Bauer
(b) Address 4426 Minnesota ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Ryck
(b) Address 5305 Harford Rd

19 (Date received) APR 10 1942 (Registrar's signature) for Hilliard M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1942 to 4-9-42 19; and that I last saw him alive on 4-8-42 19.

Immediate cause of death: Cerebral hemorrhage & left hemiplegia. — Duration: 3 weeks

Due to: Arteriosclerosis — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clark Townsend M. D.
Address 1413 E. North Ave. Date signed 4-10-42

PLEASE WRITE PLAINLY, with ink. Be sure to give correct age in years. Physicians: please write the cause of death correctly. Age is especially important.

VS 2

F 91092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 91092

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave
(b) Street address
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
Maryland
(a) State (b) County
(c) City or town Baltimore
If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Clement St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Catherine Majewski

3 (b) If veteran, name war

3 (c) Social Security Account No. 80-16-0420

4. Sex F

5. Color or race W

6 (a) [illegible] married, widowed, divorced.

6 (b) Name of husband or wife Joseph Majewski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1898

8. AGE: Years 44 Months ? Days ? If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andy Gabris
13. Birthplace Poland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Poland

16 (a) Informant B.C.H.Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (a) APR 10 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1942 at 8.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1942 to 4-8 1942 and that I last saw her alive on 4-8 1942.

Immediate cause of death
Carcinoma of Cervix with Metastasis — Duration 10 mo

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Bartlett

Address Bath & 7th Sts Date signed 4-9-42

PLEASE WRITE correct age is especially important. Physicians, please

VS-4

F 91093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 Orlando Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (Incorporate city or town limits, write RURAL and give town)
(d) Street No. 3075 Chapelgate Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy E. Willis

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~of Wife~~ Joseph T. Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1877

8. AGE: Years	Months	Days	If less than one day
64	11	22	hr. min.

9. Birthplace Gloucester, Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Hiram Thrift
13. Birthplace Gloucester, Va.

MOTHER
14. Maiden Name Mary Mason
15. Birthplace Va.

16 (a) Informant Mr. Emmett Willis
(b) Address 307 S. Chapelgate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) APR 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1942 at 9:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Gelbach M.D. Medical Examiner.
Date signed 4/9/42

Please write clearly, correct age is especially important. Typewriter p

VS 6

F 91094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 91094 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Pearl St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town write RURAL and give town)
(d) Street No. 506 Pearl St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Love

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mamie Love
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1873

8. AGE: Years	Months	Days	If less than one day: hr. / min.
69 69	0	0	

9. Birthplace New Brunswick N.J.
(City, county and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Wm. Love
13. Birthplace N.J.

MOTHER
14. Maiden Name Hatmaker
15. Birthplace —

16 (a) Informant Mamie Love
(b) Address 506 Pearl St
17 (a) (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
19 (a) (b) Huntington Williams, M.D.

APR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 at 2:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1942 to April 7 1942
and that I last saw h alive on April 6 1942

Immediate cause of death Carcinoma Gastric — Duration

Due to

Due to

Other Conditions Pneumonia Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. F. Howell M. D.
Address 1211 W. Baltimore Date signed 4/10/42

Please answer all questions. Especially important is correct age in especially important.

F 91095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-D

F 91095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 90
(b) Street address 511- paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Usual No. 511 N. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Day

3 (b) If veteran, name war: 0 | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Wash D C (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Washdc

MOTHER
14. Maiden Name Eliza
15. Birthplace Washdc

16 (a) Informant Edna Johnson
(b) Address 511- W paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by Registrar) APR 10 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6-1942 at 6:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1942 to 4-6 1942 and that I last saw h[illegible] alive on 4-5 1942.

Immediate cause of death Carcinoma of lung, metastasis — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Jackson M.D.
Address 600 N Eutaw St Date signed 4/8/42

Please write plainly. Information correct age is especially important. Typewriter

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91096

CERTIFICATE OF DEATH

✓47-D

F 91096

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 John St.) (14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edmond Harwood Brewer

If U. S. Veteran specify WAR

(a) Residence: No. 1415 John St., ... Ward. S.S. No. 705-09-1495

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma H. Brewer — ~~Dec'd~~ 45

6. DATE OF BIRTH (month, day, year): June 30 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary Freight

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Claims. B & O. R.R.

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Dr. George Gaston Brewer

14. BIRTHPLACE (city or town) (State or country): Annapolis Maryland

MOTHER

15. MAIDEN NAME: Julia Mary Sullivan

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Emma Hanlon Brewer

(Address): 1415 John street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 4/11/42 19

19. UNDERTAKER: Chas. J. Evans & Son

(Address): 118 N. Old Town Road

20. FILED: APR 10 1942 Huntington Mill. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1942 to April 9 1942

I last saw ... alive on April 8 1942. Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung

Other contributory causes of importance:

Pneumonia from

Was an operation performed? ... For what disease or injury? ...

Name of operation: Biopsy Date of ... 2-12-42

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vernon A. Norwood M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 91097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 91097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) one day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Glenmore Hills Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victor L. Cook.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Mrs. Elizabeth B. Cook
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 7/14/1886
8. AGE: Years 55 | Months 8 | Days 24 | If less than one day: hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Frederick C. Cook
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Heaister
15. Birthplace Balto

16 (a) Informant Stanislaus Cook
(b) Address 1605 Linden Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Co. Md.
18 (a) Funeral director Chas. H. Crawford Sons
(b) Address 118 N. Mt. Royal Ave
19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

APR 10 1942

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the cause of death correctly and fill all blanks. Information required is necessary for the protection of life and property, and is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/8 1942, at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1942 to 4/8 1942 and that I last saw h[illegible] alive on 4/8 1942.

Immediate cause of death: Acute Cardiac failure — Duration
Due to: Myocardial degeneration
Due to:
Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Barnes M. D.
Address Mercy Hosp. Date signed 4/8/42

F 91098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91098 Registered No. 133

1. PLACE OF DEATH: Eutaw Place & Chauncy
(a) Baltimore City, Maryland
(b) Street address August Anna Carg
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Bankcroft Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leah Potts Potts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isaac

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): 1886

8. AGE: Years: 56 Months: Days: If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Abraham J. Mintz
13. Birthplace: Poland

MOTHER
14. Maiden Name: Rebecca Cohen
15. Birthplace: Kovna

16 (a) Informant: Julius Mintz
(b) Address: Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-12-42 (month) (day) (year)
(c) Cemetery: Hebrew Friendship
Location: Balto + Caroline

18 (a) Funeral director: Jack Louis Inc
(b) Address: 1432 E. Fayette St Baltimore, Md

APR 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-9- 1942 1130a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to April 9 1942; and that I last saw her alive on April 3 1942.

Immediate cause of death: Coronary thrombosis — Duration: 5 Minutes

Due to: Hypertension, dilated aorta, Chronic pyelonephritis — Duration: 12 & 4 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Nathan Sherry M. D.
Address: 11 E Chase St Date signed: 4/9/42

VS 3 1

Certificate age is especially important

91099 RC(

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. E 91099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1903

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1361 N. Stricker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

151

3 (a) FULL NAME William Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
89	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 10 1942

18 (a) Funeral director Commissioner of Health
(b) APR 10 1942 Per H. A. Myers
19 APR 10 1942 (Signature of local registrar)

MEDICAL CERTIFICATION 12 5

20. DATE OF DEATH 4-1 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1941 to 4-1 1942
and that I last saw alive on 4-1 1942

Immediate cause of death	Duration
? Cerebral thrombosis	
Due to Cerebral arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitan M. D.
Address Balto. City Hosp Date signed 4-2-42

PLEASE WRITE CLEARLY. Use ink. Print proper names. Be sure to answer all questions correctly. Data for items 1 to 19 is especially important. Physician, please fill in items 20 to 23 and sign certificate.

VS 3

9014

F 91100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 91100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3831 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3831 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah Elizabeth Thorpe

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wesley C. Thorpe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26-1871

8. AGE: Years 71 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER 12. Name John L. Holston

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary L. Blakeney

15. Birthplace Maryland

16 (a) Informant Wesley C. Thorpe

(b) Address 3831 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3634 Falls Road

19 (a) APR 10 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8- 1942, at 9.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from about Jan 1941 to Apr 8 1942 and that I last saw her alive on Apr 8 1942.

	Duration
Immediate cause of death Uremia	
Due to Carcinoma of liver	
Due to Carcinoma of colon	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Dec 29, 1940

Major findings of operation: Carcinoma of colon.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Montague Jr. M.D.

Address 1800 N. Charles St. Date signed 4/9/42

Please write in ink and correct age in especially important cases.

VS 8

F 91101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 91101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 E. 37th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 1201 E. 37th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah D. Riley

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Julia Riley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1879

8. AGE: Years	Months	Days	If less than one day
62	9	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name	Elijah Riley
FATHER — 13. Birthplace	Virginia
MOTHER — 14. Maiden Name	Manly
MOTHER — 15. Birthplace	Virginia

16 (a) Informant Mrs. Nettie Brown
(b) Address 4095 Hickory Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-1942 (month) (day) (year)
(c) Cemetery or crematory St. Marys Hampden
Location Baltimore Md.
18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road
19 (a) (Date received by registrar) APR 10 1942 Huntington Williams, M.D. (Registrar)

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 11:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1942 to April 9 1942 and that I last saw h[e] alive on April 9 1942.

Immediate cause of death
Pneumonia — Duration 3 days
Due to
Due to
Other Conditions Cerebral Hemorrhage — Duration unkn.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 114 W 25th Date signed 4-9-42

FORM 1—Consult your physician before you sign. Your signature is required by law. Be sure that the information you give is correct and complete. Cause of death and correct age is especially important. Typewrite or print plainly with pen and ink.

F 91102

BALTIMORE CITY HEALTH DEPARTMENT

R.L.C.(73027) **CERTIFICATE OF DEATH** 137

F 91102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cooksville, Maryland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BALTIMORE CITY HOSPITALS Joseph Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Serena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1874

8. AGE: Years	Months	Days	If less than one day
67	3 1	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Dixon
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha
15. Birthplace Maryland

16 (a) Informant B C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-42 (month) (day) (year)
(c) Cemetery or crematory Bushy PARK
Location HOWARD Co

18 (a) Funeral director C HARRY WEER
(b) Address SYKESVILLE Md

19 (a) APR 10 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 19 42 at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 19 42 to 4-9 19 42
and that I last saw him alive on 4-9 19 42

Immediate cause of death

	Duration
Uremia	5 days
Due to Benign Prostatic Hypertrophy with Urinary retention	?
Due to	
Other Conditions Pulmonary Edema	2 days.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hett M. D.
Address Balto City Hosp Date signed 4-10-42

PLEASE PRINT correct age is especially important. Physician, please

VS 8

F 91103 MPR 731 948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a Registered No. F 91103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. Md.
(c) Hospital or institution: [illegible] CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 256 N. Exter (Exeter) St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard DaGuardia (LaGuardia)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mary (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8/1881

8. AGE: Years	Months	Days	If less than one day
60	8	0	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER
12. Name Natale DaGuardia (LaGuardia)
13. Birthplace Italy

MOTHER
14. Maiden Name Leonardi LaChine
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director N. W. E. Oppel & Sons
(b) Address Lombard & Eden Sts.

19 APR 10 1942 (Registration date) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1942 at 11 28 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942 to 4-8 1942 and that I last saw h[illegible] alive on 4-8 1942.

Immediate cause of death Empyema, left — Duration ?

Due to

Due to

Other Conditions Peptic ulcer ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Kathbun M. D.
Address Balto. City Hosp. Date signed 4-[illegible]-42

Please write plainly. Information is especially important. Every correct age is especially important.

VS 3

F 91104

Tn. 72805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83

F 91104

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 1940 Eastern Ave

(b) Street address

(c) Hospital or institution: Balt. BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town) 2632 E. Hoffman St

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel Keefer

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-8352

4. Sex Male

5. Color or race White

6 (a) [redacted] widowed

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 - 1879

8. AGE: Years 62 xii | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Shirt Mfg.

FATHER

12. Name David E. Keefer

13. Birthplace Maryland

MOTHER

14. Maiden Name Alice Bosman

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 13 1942 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge Cem.

Location Baltimore Md.

18 (a) Funeral director Francis C. Byrer

(b) Address 1600 N. North Ave

19 (a) APR 10 1942 Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1942 to 4-9 1942 and that I last saw h[illegible]ive on 4-9 1942.

Immediate cause of death Subarachnoid hemorrhage — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard R. Rathbun M. D.

Address Balto. City Hosp Date signed 4-9-42

Please correct age is especially important. Typewriter

VS 3

91105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-9

F 91105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S Collins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S Collins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna C Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1883

8. AGE: Years	Months	Days	If less than one day
59	1	1	hr. min.

9. Birthplace Maryland (Town, county, or state)
10. Usual Occupation Battalion Chief
11. Industry or business Fire Dept

FATHER
12. Name Louis Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Schaffer
15. Birthplace Md

16 (a) Informant Anna C Smith
(b) Address 102 S Collins st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo A Tyler
(b) Address Fulton & Fayette

19 (a) APR 10 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1942 at 11 3/4 M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 12 1941 to Apr 8 1942, and that I last saw h alive on Apr 5 1942.

Immediate cause of death. Coronary Occlusion
Duration 3 Days
Due to Coronary Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N Gamburg M.D.
Address 7 E Madison St Date signed 4/10/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death correct age is especially important.

VS 1

F 91106 BALTIMORE CITY HEALTH DEPARTMENT F 91106

413998 CERTIFICATE OF DEATH 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maria Sharkey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Sharkey (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown 18[illegible]

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Cunningham
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia Hundler
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cemetery Location Old Frederick Rd.

18 (a) Funeral director J. E. Magan
(b) Address 3 and E. Fayette St.

19 (a) Filed APR 10 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to April 8 1942 and that I last saw her alive on April 8 1942

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to Hemorrhage from

Other Conditions Lentigo - Senile artery disease & arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif
Address Johns Hopkins Hosp Date signed 4-9 M. D.

Please write correct age is especially important. Physician

VS 8

91107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2024 N. Pagan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA E DIGGS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
--	--	F	W	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1869

8. AGE: Years	Months	Days	If less than one day
72	8	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry S. Diggs
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Martha A. Cunningham
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Thomas J. Mortimer
(b) Address 87 Conduit St. Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 APR 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenwebber M.D. Medical Examiner.
Date signed 4-6-42

Please write correct age is especially important. Physician

VS 6

91108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91108

Registered No. 1084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Fork (If outside city or town limits, write RURAL and give town)
(d) Street No. R-2 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WINFIELD NICHOLAS HOLLAND

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anne E. Munder
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Jan. 9, 1897

8. AGE: Years	Months	Days	If less than one day
45	3	0	hr. min.

9. Birthplace: Hydes, Maryland (Town, county, and state)
10. Usual Occupation: Farmer-present
11. Industry or business

FATHER
12. Name: Carville Holland
13. Birthplace: Harford County, Maryland.

MOTHER
14. Maiden Name: Elizabeth J. Isennock
15. Birthplace: Baltimore County, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory: Fork M. E. Cem.
Location: Baltimore Co. Md.

18 (a) Funeral director: C. E. Arthur
(b) Address: Fork, Md.

APR 10 1942 (Date received by local registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1942, 5:25p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24, 1942, to April 9, 1942, and that I last saw him alive on April 9, 1942.

Immediate cause of death: Cirrhosis of the liver

Due to

Due to

Other Conditions: Lobar pneumonia, rt.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. A. Dutrow, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/10/42

Please write plainly and correct age is especially important. Physician, please

4109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. E 91109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Hudson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Koziba

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-0990

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24/1882

8. AGE: Years	Months	Days	If less than one day
59	3	17	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jan Koziba
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mary Koziba
(b) Address 2912 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 APR 10 1942 Huntington Williams M.D.
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Duration

Immediate cause of death: Burns
Contusions skull
Due to subdural hematoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11-F
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/7/42 at 6:30 P.M.
(c) Where did injury occur? 2261 Boston St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place) (Specify home, farm or place)
(e) Means of injury Explosion / Gasoline
23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 4/10/42

correct age is especially important. Exposure, [illegible]

91110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

F 91110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town St Francis Convent, Pa Blair Rd (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Maryland Ave (If rural give location)
(e) Citizen of foreign country? England (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Viridian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14th 1864

8. AGE: Years	Months	Days	If less than one day
77	6	26	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business Sister

FATHER
12. Name Patrick Ford
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen McCarthy
15. Birthplace Ireland

16 (a) Informant Rev Mother
(b) Address 2226 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory St Elizabeth Home
Location Ellerslie Ave Baltimore Md

18 (a) Funeral director H Feulner & Co
(b) Address Orchard & McCulloh Sts

19 (a) [illegible] (b) Huntington West Virginia

APR 10 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10/1942 7:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/1942 to 4/10/1942 and that I last saw h[illegible] alive on 4/10/1942

Immediate cause of death — Duration
Cardiac failure
Due to Hypertensive C.V. Disease — 8 days
Due to
Other Conditions Int. Bowel obstruction 2 days
Primary Carcinoma of Colon
(If female, pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Primary Ca of Splenic Flexure of Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Jungraber
Address St Joseph's Hospital Date signed 4/10/42

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

91111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 91111

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849 Brendan Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Brendan Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Jenkins Wheatley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1888

8. AGE: Years	Months	Days	If less than one day
53	6	11/30	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John David Wheatley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Imbaly
15. Birthplace Washington

16 (a) Informant Executor
(b) Address Woodlawn Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/42 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location Baltimore Md

18 (a) Funeral director H. W. Justice
(b) Address Roland & McCullough Sts

19 APR 10 1942 Huntington Williamsport Md

VS 1 Dr. J. Hall 532 E 22nd St

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9/1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/1942 to 4/9/1942 and that I last saw h[illegible] alive on 4/6/1942

Immediate cause of death Coronary occlusion — Duration 1/2 hour

Due to Coronary Sclerosis — Duration ?

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Thomas J. Hall M.D.
Address 532 E 22nd St Date signed 4/10/42

PLEASE WRITE PLAINLY. Physician, please state correct age in years. Also fill in items 6 (b) and 6 (c) if married, and 14 and 15 if mother is living, even if deceased, and especially important. Physician, please

F 91112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 91112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY STOVARAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1867

8. AGE: Years	Months	Days	If less than one day
Abt. 80			hr. min.

9. Birthplace Andros Island (Town, county, and state)
10. Usual Occupation Ship Chandler
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Antonia Valmas
(b) Address 1708 Alice Anne St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Baltimore, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

APR 10 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive Cardiovascular Disease

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 4-9-42

VS 6

A thumb is especially important. Fingerprints correct age is especially important.

91113 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-P

F 91113
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wash. Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nora Delmar

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Phillip W. Delmar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Wisconsin
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Phillip W. Delmar
(b) Address Elkridge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial
Location Washington Blvd.

18 (a) Funeral director Easton Sons,
(b) Address Ellicott City, Md.

19 (a) APR 10 19[illegible] Huntington Williams, M.D.
(Date rec'd by Vital Statistics) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1942 to 4-9 1942 and that I last saw h She alive on 4-9 1942.

Immediate cause of death Intestinal Obst.
Due to P.O. adhesions
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. P. Hunt M. D.
Address Date signed

PLEASE WRITE correct age is especially important. Typewriter, pen

VS 2

91114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 91114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Fourth St. Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 54
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Fourth St. Brooklyn Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEAH R. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1885

8. AGE: Years 56 Months 8 Days 27 If less than one day hr. min.

9. Birthplace New Jersey (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph A Campbell
13. Birthplace N J

MOTHER
14. Maiden Name Rose Wheatley
15. Birthplace N J

16 (a) Informant Howard A. Campbell
(b) Address 608 Brandywine Blvd Wilmington Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)

(c) Cemetery or crematory Riverview Cem
Location Wilmington, Del.

18 (a) Funeral director William J. Marsch
(b) Address 715 Lizzie St

19 (a) APR 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said ^ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Date of operation NO

Major findings of operation:

of autopsy: NO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 4-6-40

Please write correct age in especially important. Physicians' please write

VS 6

91115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 91115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 DC
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE KAUFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 17 1883

8. AGE: Years 58 | Months 11 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Ernest Kaufman
13. Birthplace Germany

MOTHER 14. Maiden Name Sophie Burger
15. Birthplace Frederick Md.

16 (a) Informant Jno M. Kaufman
(b) Address 1825 W. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/42 (Month) (day) (year)
(c) Cemetery or crematory Western
Location Edmonson & Lyndhurst Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 APR 10 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1942, at 11 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Williamson M.D.
Medical Examiner.
Date signed 4-6-42

Please write clearly. Correct age is especially important. Physicians: please

F 91116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 91116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 E 32nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 E 32nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Riley M Whiteford

3 (b) If veteran, name war: 2nd Sea Men Last War

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 1895

8. AGE: Years	Months	Days	If less than one day
46	5	2	hr. min.

9. Birthplace Md

10. Usual Occupation Window Stripper (Weather)

11. Industry or business Big Dyn

FATHER 12. Name John Whiteford
13. Birthplace Md

MOTHER 14. Maiden Name Anna Christopher
15. Birthplace Md

16 (a) Informant Robert Whiteford
(b) Address 1763 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11th 1942 (month) (day) (year)
(c) Cemetery or crematory W. G. National
Location Frederick Road

18 (a) Funeral director Leo G. Brook
(b) Address 1701-05 N Patterson Park Ave

19 APR 10 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1942 at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6- 1942 to 4-8 1942 and that I last saw h alive on 4-8 1942.

Immediate cause of death	Duration
Tuberculous pneumonia	3 days
Due to Pulmonary tuberculosis	2 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. East Ave Date signed 4-10-42

PLEASE WRITE ... correct age is especially important. Physicians: please ...

VS 3

F 91117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 91117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 East 21st Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 E. 21st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Francis Brenner

3 (b) If veteran, name war -----

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife -----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78	-	-	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation Decorator
11. Industry or business

MOTHER / FATHER
12. Name Joseph Brenner
13. Birthplace Germany
14. Maiden Name Elizabeth Burck
15. Birthplace Germany

16 (a) Informant Mrs. John Harkins
(b) Address 323 E. 21st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Frederick, Md.

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E. 22nd Street

APR 11 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1942, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1942 to 4-8 1942 and that I last saw h/er alive on 4-8 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Flynn M.D.
Address 425 E. Lexington St. Date signed 4-9-42

Please write clearly. Physicians: Please correct age is especially important.

VS 3

F 91118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-A Registered No. F 91118

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Not known

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Melville Ave. (If rural give location)
(e) Citizen of foreign country? Nor. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Cassie Newland

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/1873

8. AGE: Years	Months	Days	If less than one day
69	-	2	— hr. — min.

9. Birthplace York, Pennsylvania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry C. Coon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name (Unknown) Pfeiffer
15. Birthplace Penna.

16 (a) Informant Warren B. Newland
(b) Address 611 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 APR 11 1942 Huntington Williams Jr. (Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 9:42 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1942 to Apr. 9 1942 and that I last saw h. alive on Apr. 9 1942

Immediate cause of death: Hypostatic pneumonia — Duration 3 days
Due to: Cerebral hemorrhage — 20 days
Due to: Hypertension — 7 8 yrs.
Other Conditions: Right hemiplegia. — 20 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hallijan
Address 1404 Park Ave., City Date signed 4/9/42

VS 3

91119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D 91119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo18da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.18da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Woodington Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT JOSEPH DISCHINGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	217 07 9774

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marion C. O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1892

8. AGE: Years	Months	Days	If less than one day
49	10	2	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business A. S. Abell Company

FATHER
12. Name Pius Dischinger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Scheve
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 627 St Paul St

19 (a) APR 11 1942 (b) Huntington Williams M.R.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9, 1942, to April 9, 1942, and that I last saw him alive on April 9, 1942.

	Duration
Immediate cause of death: Acute myocardial degeneration	2 months
Due to: Arteriosclerosis, coronary	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Adelman M. D.
Address U. S. Marine Hospital Date signed 4/10/42
Baltimore, Maryland.

Fill in correct age is especially important. Typewriter

91120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Pa. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

10-2

3 (a) FULL NAME Andrew Ahlades 72523

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	NONE	male	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? 1880

8. AGE: Years	Months	Days	If less than one day
62?			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gus Ahlades
13. Birthplace Greece

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md
18 (a) Funeral director Francis T. Reese
(b) Address Westminster Md.
19 Filed APR 11 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 9 1942, at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1942, to Apr. 9 1942 and that I last saw him alive on Apr. 9 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-10-42

VS 3

Please write plainly. Information is especially important. Be sure correct age is especially important.

21121
413457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

Registered No. E 21121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 N. Highland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen McLaughlin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: Harvey McLaughlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/63

8. AGE: Years 78 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — 12. Name Matthew McLaughlin
13. Birthplace Md.

MOTHER — 14. Maiden Name Margaret Carroll
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 11 1942 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to April 8 1942 and that I last saw her alive on April 8 1942.

Immediate cause of death: Cachexia, heart syncope, pentonitis

Due to: Resection of 16 ft of small bowel

Due to: Mesenteric thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 2, 1942

Major findings of operation: Mesenteric thrombosis of small bowel

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address J. H. Hosp. Date signed 4-9-42

Please answer all questions. Physician's correct age is especially important.

V8 3

91122

BALTIMORE CITY HEALTH DEPARTMENT 46-B F 91122 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 63
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Lisec

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Lisec
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-1875

8. AGE: Years	Months	Days	If less than one day
66	5	6	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joe Lisec
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Czechoslovakia

16 (a) Informant Mary A. Lisec
(b) Address 418 N. Duncan st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 11 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herwig Son
(b) Address 2024 Orleans st.

19 (a) APR 11 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1942 to 4-8 1942, and that I last saw h[illegible] alive on 4-8 1942.

Immediate cause of death: Carcinoma of stomach with metastasis — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Corbett
Address Balt City Hosp Date signed 4-9-42

VS 3

I certify that the above is a correct age is especially important. Registrar

91123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSP'TL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 820 N. Rose St.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin Schwartz 73103

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-4022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation tailor
11. Industry or business

FATHER
12. Name Frederick
13. Birthplace Md

MOTHER
14. Maiden Name Ellen Newnan
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13/42 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore
18 (a) Funeral director Charles Herwig Sons
(b) Address 2024 Edmonson Ave
19 (a) Filed APR 11 1942 (b) Registrar Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 10 1942, at 7:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 7 1942 to Apr. 10 1942 and that I last saw him alive on Apr. 10 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 8 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 4/10/42

VS 8

91124

JH 72660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

Registered No. E 91124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Rosedale Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William Kerlinger

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Maggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1864

8. AGE: Years 77 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name George A. (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth McDonald(d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** Apr 13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore
18 (a) Funeral director Philip Heuisler Funeral
(b) Address 2024 Orleans St
19 (a) APR 11 1942 (Date rec'd by registrar) **(b)** Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30 1942 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1942 to 3-30 1942 and that I last saw h[illegible] alive on 3-30 1942.

	Duration
Immediate cause of death Streptococcus septicaemia	?10 days
Due to Cellulitis, right elbow	?10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 18, 1942 at 7 M
(c) Where did injury occur? Rt. 147, Harford Rd. (City or town) Balto. County (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place) bank and turned a sh
(e) Means of injury Tire punctured, struck dirt
23. Signature Howard R. Rabbitt M. D.
Address Balto. City Hosp **Date signed** 4-7-42

Howard J. Andersen M.D.

VS 1

Please write plainly. Accurate and correct age is especially important. Physicians

91125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2

Registered No. F 91125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4949 Eastern Ave
(c) Hospital or institution BALTIMORE CITY HOSPITALS
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1881

8. AGE: Years	Months	Days	If less than one day
60	12	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Seymore
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director F. A. Krause & Son
(b) Address 1216 S. Charles St.

19 (a) APRIL 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1942 at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1940 to 4-7 1942
and that I last saw alive on 4-7 1942

Immediate cause of death	Duration
? Coronary occlusion	5 min.
Due to Coronary atherosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-9-42

VS 3

Please write plainly. Accuracy is especially important. Physician, please correct age is especially important.

F 91126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 91126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 W. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose B. Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife Evan J. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 1874

8. AGE: Years	Months	Days	If less than one day
67	7	10	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Floyd Taylor
(b) Address 229 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George R. Wilson
(b) Address 1363 Pennsylvania Ave

19 (a) APR 11 1942 (b) Huntington Williamsport, Md.
(Date accepted for burial) (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 25 1942 to April 9 1942
and that I last saw h[illegible] alive on April 9 1942.

Immediate cause of death Chronic Nephritis — Duration 6 mos

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Pettecrew M. D.
Address 817 Hamilton Ave Date signed April 11 1942

PLEASE WRITE PLAINLY. Physicians: please write the correct age in especially important.

F 91127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No.

F 91127

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will show correctly the disease, injury, or complication which caused death. Give the primary cause of death as distinctly as possible. Do not use abbreviations or symbols. Be sure that the cause of death is entered in such a manner that the meaning is clear. Please report the correct age in all cases. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1338 W. 41 St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Minnie Slagter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jan Slagter
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 4, 1889
8. AGE: Years 52 | Months 6 | Days 4 | If less than one day: hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H. W
11. Industry or business

FATHER
12. Name Gottfried Lauers
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Raesler
15. Birthplace Germany

16 (a) Informant Jan Slagter
(b) Address 1338 W 41 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto. Md.

18 (a) Funeral director Harry F. Weikel
(b) Address 710 Edmondson Ave

19 (a) APR 11 1942 (Date filed by registrar) Huntingtown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1942, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1942, to 4/6 1942, and that I last saw h.e.r. alive on 4/5 1942.

Immediate cause of death: Thrombosis right middle Cerebral Artery

Due to: Hypertensive Cardio-Vascular Disease

Due to:

Other Conditions: Hemiplegia, left

Duration: [redacted] 5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature L. O. Longaker M.D.
Address St Joseph's Hospital Date signed 4/8/42

F 91128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91128 ✓ 1570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto city (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 W Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Tyson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1940

8. AGE: Years	Months	Days	If less than one day
1	6/8	8	hr. min.

9. Birthplace Balto Md St. Agnes Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roy E Tyson
13. Birthplace unknown

MOTHER
14. Maiden Name Ella F Lowrey
15. Birthplace Balto md

16 (a) Informant Mary T. Lowrey
(b) Address 826 W. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Balto Md

18 (a) Funeral director Henry C Brauning Son
(b) Address 2924 E Monument Ave

19 (a) APR 11 1942 (Date rec'd by registrar) (b) Huntington Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1942 to April 10 1942, and that I last saw him alive on April 9 1942

Immediate cause of death	Duration
hydrocephalus (internal)	
Due to Malnutrition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: hydrocephalus Malnutrition, hyperemia of colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Rusell M. D.
Address University Hosp Date signed 4-10-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age in especially important.

VS 3

F 91129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 91129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tomasz Piekarczyk

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Katherin Piekarczyk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Walenty Piekarczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth Paczynski
15. Birthplace Poland

16 (a) Informant Katherin Piekarczyk
(b) Address 2120 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) APR 11 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9. 1942 at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 19 42 to April 9 19 42 and that I last saw h— alive on April 9 19 42

Immediate cause of death: Acute hypertrophic dilatation Coronary Thrombosis — Duration 12 hrs.
Due to Chr. hypertrophic Endocarditis. Pleural Effusion — ? over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Mary Stanyko
Address 200 S. Bath St. Date signed 4/10/42

Please answer all questions. Physician's particular attention is directed to the fact that a correct age is especially important.

VS 3

F 91130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 91130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126½ Market Place (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Rosario Cellucci

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife: Daniel Cellucci
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Not know 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
50				

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vincent Presti
13. Birthplace Italy

MOTHER
14. Maiden Name Angelina Micicche
15. Birthplace Italy

16 (a) Informant Frank Cellucci
(b) Address 126½ Market Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John A. Greshimberger Jr.
(b) Address 423 S. Paca St.

19 (a) APR 11 1942 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 2:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Cerebro-vascular lesion	
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D. Medical Examiner
Date signed 7/10/42

VS 6

Please correct age is especially important. Physician

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91131

CERTIFICATE OF DEATH

46-B F 91131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ____ St. 15-6 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ---

2. FULL NAME M AGNES DUNIGAN

(a) Residence: No. 3019 W. North Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) April 9, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
72	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolteacher

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James C. A. Dunigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary C. Kuefel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Anna M. Swing
(Address) 3019 W. North Ave.

18. BURIAL, CREMATION, or REMOVAL
Place New Cathedral Cem Date 4/14/42 19

19. UNDERTAKER Wm. J. TICKNER & SONS INC.
(Address) North & Pa Aves

20. FILED APR 11 1942 19 ____ Registrar

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1942 to April 10, 1942

I last saw ~~her~~ alive on April 10, 1942 Death is said to have occurred on the date stated above, at 9 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Abdominal obstruction	3 days
Other contributory causes of importance:	
Suspected abdominal carcinoma	one

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Kyle L. Valentine M. D.

(Address) 1732 North Broadway

6

No 3019

F 91132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 91132
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Elkins Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Elkins Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harry Beard

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 212-12-2304

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Beard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1874

8. AGE: Years 67 | Months 10 | Days | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Day Laborer
11. Industry or business

FATHER
12. Name Obadiah A. Beard
13. Birthplace Wisconsin

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace " "

16 (a) Informant Clarence J. Beard
(b) Address 2522 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Edward Evans
(b) Address 1400 N. Charles St

19 (a) APR 11 1942 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to April 9 1942 and that I last saw him alive on April 9 1942.

Immediate cause of death: Acute dilitation of heart — Duration: 3 days
Due to
Due to
Other Conditions: Broncho Pneumonia — 3 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Campbell M.D.
Address 1642 Hanover St Date signed April 10 1942

Please write plainly and see that correct age is especially important. Physicians, please

VS 3

F 91133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightengale
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Light (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara A. Giles

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Morris Giles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1867

8. AGE: Years 74 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace " "

16 (a) Informant Louis H. Giles
(b) Address 1530 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ag Ave

18 (a) Funeral director C. Howard Evans
(b) Address 1400 Druid Hill Ave

19 (a) APR 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1942, to April 9 1942, and that I last saw h[illegible] alive on April 8 1942.

Immediate cause of death: cerebral hemorrhage — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Fetterman M. D.
Address 2324 Eutaw Pl Date signed 4/9/42

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the cause of death correctly and fill out all items. The correct age is especially important.

VS 3

F 91134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91134
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 E. Eager St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmira Blackwell Durpin

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Married

6 (b) Name of husband or wife James Durpin
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1895

8. AGE: Years	Months	Days	If less than one day
46	8	8	hr. min.

9. Birthplace Md.
10. Usual Occupation Salad Mixer
11. Industry or business

FATHER
12. Name Thos Blackwell
13. Birthplace Md

MOTHER
14. Maiden Name Martha Smith
15. Birthplace Md.

16 (a) Informant James C. Durpin
(b) Address 1622 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Joseph G. Lock Jr.
(b) Address 1300 N. Central Ave.

19 APR 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1942 to 4-9 1942 and that I last saw h[illegible] alive on 4-8 1942

Immediate cause of death: Hypertensive cardio-vascular disease.

	Duration
	UNK.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) [illegible] of injury
23. Signature [illegible]
Address 1500 E. Madison St. Date signed 4/11/42 M.D.
Rayner Browne

VS 2

CASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause

F 94135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 Hamilton Ave

33 B

Registered No. F 94135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 869 Watts st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 869 Watts St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 1877

8. AGE: Years 64 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name James Lankins

13. Birthplace Md

14. Maiden Name Mrs Linda Lankins

15. Birthplace Md

16 (a) Informant Mary Brown

(b) Address 869 Watts St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 11 42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

(c) Huntington Williams M.D.

PLEASE WRITE PLAINLY. Cause of death must be certified for every death. Statements of unknown cause are not acceptable. Indefinite statements such as "Heart Failure" without a primary cause, or "Old Age" without specifying the primary disease or condition causing the old age is especially important. Physicians are urged to report promptly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1942 to April 9 1942 and that I last saw her alive on March 4 1942

Immediate cause of death: Acute Insufficiency — Duration 2 Days

Due to: Grippe — Duration 20 Days

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eric Pelletreau M. D.

Address 817 Hamilton Ave Date signed 4/11/42

91136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137-or F 91136
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1952 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Deaver

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2117

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Deaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1890

8. AGE: Years	Months	Days	If less than one day
52	1	7	hr. min.

9. Birthplace Engineer Md
(Town, county, and state)
10. Usual Occupation Goetz Packing
11. Industry or business Co

FATHER
12. Name Josiah Deaver
13. Birthplace West Dublin Pa

MOTHER
14. Maiden Name Mary Loading
15. Birthplace West Dublin Pa

16 (a) Informant Mary Deaver
(b) Address 1952 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Garrison Ave

18 (a) Funeral director Lee D. Cook
(b) Address 1701-03 N. Gilmor Park Ave

19 (a) APR 11 1942 (b) Registrar Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY with pen or pencil. Physicians: please write the cause of death correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1942, to 4/9 1942, and that I last saw h[illegible] alive on 4/9 1942.

Immediate cause of death Uremia

Due to Benign Prostatic Hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy None

Duration: 2 weeks; 5 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. V. Tompkins M.D.
Address St Joseph's Date signed 4/9/42

H 12064
91137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 Perlman Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dominick Maiale Maiale

3 (b) If veteran, name war

3 (c) Social Security Account No. 2174-09-2914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 10-14-83

8. AGE: Years	Months	Days	If less than one day
58	5	26	hr. min.

9. Birthplace Italy (State, country, or foreign country)

10. Usual Occupation Cabinet Maker

11. Industry or business Maiale

FATHER
12. Name Felix Maiale Maiale
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Ritchie
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvd

18 (a) Funeral director Leo J. Cook
(b) Address 1901-03 N. Patterson Park Ave

19 (a) APR 11 1942 (Date received by Registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 10 1942, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1942, to Apr 10 1942 and that I last saw h IM alive on Apr 10 1942

Immediate cause of death: Cardiac failure
Auricular fibrillation
Due to ? Arteriosclerotic heart disease
Due to ? Thyrotoxic heart disease
Other Conditions Pulmonary infarction

Duration
2 yrs
7 yrs
7 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp. Date signed 4/10/42

VS 3

Form ... correct age is especially important. Physician's ...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 D ✓ Registered No. F 21138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town FAR ROCKAWAY Long Is. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 OAK St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sylvia Neveloff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-10

8. AGE: Years	Months	Days	If less than one day
32	2	6	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Salesgirl
11. Industry or business

FATHER
12. Name Meyer Neveloff
13. Birthplace Russia

MOTHER
14. Maiden Name Lena Bernstein
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory Far Rockaway N. Y.
Location Long Island

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 APR 11 [redacted] (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 10 1942, at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 2 1942 to APR 10 1942, and that I last saw h[illegible] alive on APR 10 1942.

Immediate cause of death: Brain stem tumor - malignant ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hosp. Date signed 4-11-42

Please answer correct age is especially important. Physicians

VS 8

91139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No.

F 91139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 Elliott St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Elliott Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 60, years

3 (a) FULL NAME Zuzanna Gorny

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age Dec'd years

7. Birth date of deceased (mo., day, yr.) June 16-1852

8. AGE: Years 89 | Months 9 | Days 26 25 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jan Djurissin
13. Birthplace Austria

MOTHER
14. Maiden Name Maryanna Novak
15. Birthplace Austria

16 (a) Informant Mrs. Sophia Fischer (Daughter)
(b) Address 3036 Elliott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Maryland

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann street

19 (a) Date received (by Registrar) Apr 13 1942 (b) Registrar's signature [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1942, at 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to April 11 1942 and that I last saw h[illegible] alive on April 9 1942.

Immediate cause of death
(a) Chronic Myocarditis
Due to
(b) Senility & Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

1925
1937

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bowers M. D.
Address 801 N. Kenwood Ave Date signed 4/14/42

correct age is especially important. Typ[illegible]

F 91140

F 91140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Pentertown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 yrs, 9 mos, 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs 9 mos 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Pentertown Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Martha Ann Garland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Sandera Garland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17, 1864

8. AGE: Years	Months	Days	If less than one day
78	1	25	24 hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Cornelius Hemming
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Martha Ann Atchison
15. Birthplace Washington, D. C.

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-12-42 (month) (day) (year)
(c) Cemetery or crematory
Location Wash D6.

18 (a) Funeral director J. Frank Tansey
(b) Address 7411 Liberty Rd

19 (a) APR 13 1942 (Date received by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1942, at 7:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1934 to April 11 1942 and that I last saw her alive on April 11 1942.

Immediate cause of death	Duration
Myocardial degeneration	1 Mo.
Due to Arteriosclerosis	
Due to	
Other Conditions Senile Dementia	14 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel A. Hagan M. D.
Address 33 W Madison St Date signed

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure that the cause of death is correctly stated. Be sure that the correct age is especially important. Physicians: please write the cause of death in terms understandable to laymen.

VS 3

Creamer Maiden name

F 91141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Gough st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Gough St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie A Pfister

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Cadmus R Pfister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1886

8. AGE: Years	Months	Days	If less than one day
56	3	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name William A. Creamer
13. Birthplace

MOTHER 14. Maiden Name Mary Seitz
15. Birthplace

16 (a) Informant Son
(b) Address 1903 Gough st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Frank V. Pipitone
(b) Address 2518 E. Baltimore st

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by local reg.) APR 15 1942

VS 3

PLEASE WRITE PLAINLY. Items 1 to 23 must be answered. Physicians: please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1942, at 9 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1941 to June 11 1941 and that I last saw h[illegible] alive on April 10 1942.

Immediate cause of death: (a) Cerebro-Pneumonia (b) Cerebral Hemorrhage

Duration
3 days
8 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Lewis
Address 700 E Pratt Date signed April 15 1942 M. D.

F 91142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument & ★
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Frederick ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah Aronovitch

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name David L Fagan
13. Birthplace Russia

MOTHER
14. Maiden Name Misair
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery Chevra Agudas Achim Location Rosedale

18 (a) Funeral director Jacob Louis Lee
(b) Address 1439 E. Balto st

19 (a) (Signature of Owner) (b) Huntington, Md.

APR 14 1942

PLEASE WRITE correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 1.30p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to April 11 1942 and that I last saw her alive on April 11 1942

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertensive C.V. disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None Performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert S. Kerr M. D.
Address Sinai Hospital Date signed 4-11-42

F 91143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Bolton St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Bolton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Temperance Fenton Boggs

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: F. Henry Boggs
6 (c) If alive, give age . years
7. Birth date of deceased (mo., day, yr.) March 3 1845
8. AGE: Years 97 | Months 1 | Days 8 | If less than one day: hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none
FATHER 12. Name Aaron Fenton
13. Birthplace Baltimore
MOTHER 14. Maiden Name Rebecca Clark
15. Birthplace Baltimore
16 (a) Informant W. Fenton Boggs - (son)
(b) Address 1408 Bolton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount - Location Baltimore
18 (a) Funeral director Stewart Mortuary
(b) Address 108 W Monument
19 (a) (b)

APR 12 1942

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/42 19 . at 1 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to 4/11/42 19 . and that I last saw h alive on 4/10/42
Immediate cause of death: Myocarditis Arterio Sclerosis
Duration: Gradual
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W H Neady M.D.
Address 140 Clarkson Date signed 4/13/42

PLEASE write correct age is especially important. Physicians, please

F 91144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 91144

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2444 Llewelyn Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8 1440

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2444 Llewelyn Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Christian Stamm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 - 1860

8. AGE:

Years	Months	Days	If less than one day
82	3	28	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER

12. Name Jan Stamm

13. Birthplace Germany

MOTHER

14. Maiden Name Anna Marie Klaus

15. Birthplace Germany

16 (a) Informant Mrs Minnie Block

(b) Address 1431 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 13 - 42 (month) (day) (year)

(c) Cemetery or crematory Loyalty Cem

Location Wyman St - Balto Md.

18 (a) Funeral director John C Miller Inc

(b) Address 2435 Washington Blvd

19 (a) (Retorder's signature) (b)

APR 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 10 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1942. to April 10 1942. and that I last saw him alive on April 8 1942

Immediate cause of death Bronchopneumonia — Duration 5 Days

Due to Carcinoma of Prostate with metastasis ? — 9 mos ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. Karl Grossman M. D.

Address 1212 N. Patterson Park Ave signed 4/11/42

PLEASE WRITE PLAINLY. Information on this certificate is required by law. Accuracy and completeness are necessary. Please answer all questions. Correct age is especially important. Physicians, please cooperate.

F 91145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-c

F 91145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. B. G. H. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 S. MONROE St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald F Butler

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 715-05-8984

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife DORIS E. BUTLER

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) April 29 1909

8. AGE: Years 32 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Carroll Co Md
(City or town, state, or foreign country)

10. Usual Occupation Sheet Metal worker

11. Industry or business Research Corporation

FATHER
12. Name WILLIAM D. BUTLER
13. Birthplace FREDERICK Co. Md

MOTHER
14. Maiden Name ELSIE M. BAIR
15. Birthplace CARROLL Co Md

16 (a) Informant W. B. G. H.
(b) Address Raynor Parkland

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 14 1942 (month) (day) (year)

(c) Cemetery or crematory ST JAMES CEM.
Location CARROLL County Md

18 (a) Funeral director Roth & B. M. Walker

(b) Address PRATT & STRICKER STS

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

APR 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1942, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1942 to 4-10 1942 and that I last saw h[illegible] alive on 4-10 1942

Immediate cause of death Respiratory Failure — Duration 1

Due to Lymphocranial Hemangioma — 23

Due to Congenital aneurysm — 1

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hiram W. Chestnut M. D.
Address WJBG Date signed 4/10/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct cause. Correct age is especially important.

F 91146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

935 Registered No. F 91146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged - Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 5 mos 27
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Forendale (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME MARIAM Smulowitz

3 (b) If veteran, name war: L
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Isaac
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1857
8. AGE: Years 90 Months Days If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Home
11. Industry or business: Wife

FATHER
12. Name: Unknown
13. Birthplace: R

MOTHER
14. Maiden Name: Unknown
15. Birthplace: R

16 (a) Informant: Son, Lexington
(b) Address: Oxford N.J.
17. Burial (b) Date thereof 4/12-42 (month) (day) (year)
(c) Cemetery: Mount Carey
Location: Baltimore Md
18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Baltimore St
19 APR 12 1942 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1939, to 4-10 1942, and that I last saw h[illegible] alive on 4-10 1942.

Immediate cause of death: Hypertension, arteriosclerosis
Chr. card. vascular disease.
Due to
Due to
Other Conditions: Pernicious anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edmund Levin M. D.
Address: Lewisdale Date signed: 4/10/42

Please write plainly. Physicians' cooperation in entering correct age is especially important.

VS 8

F 91147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 E. 30½ St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 E. 30½ St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer P. Gover

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years About 60 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Plater

11. Industry or business

FATHER 12. Name Robert Gover

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Dorothy E. Thomas

(b) Address Atlanta Ga 4/13/42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery Balto

Location Md

18 (a) Funeral director Williams Cook

(b) Address 1427 N. Paul St

19 (a) APR 1 2 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1942 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to April 6 1942 and that I last saw h[illegible] alive on April 6 1942.

Immediate cause of death Acute Pulmonary Edema — Duration

Due to Acute Heart failure

Due to — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein

Address 732 Arequith St Date signed 4/9/42 M D

Please answer all questions in full. Underline the correct age in especially important. Physicians, please report all deaths promptly.

VS 3

W 1169

F 91148

R.L.C.(73173)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-a Registered No.

F 91148

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern AVENUE

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 mins

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1624 Normal Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Brady

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-05 9913

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Sep.

6 (b) Name of husband or wife: Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1895

8. AGE: Years	Months	Days	If less than one day
47	1	4	hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Sewing Factory

11. Industry or business: Fairfax Manf. Co.

FATHER

12. Name: Jacob Rider

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Henrietta Rider

15. Birthplace: Maryland

16 (a) Informant: B.C.H. Records

(b) Address: 4940 Eastern Avenue

17 (a) Burial (Burial, cremation or removal) (b) Date thereof April 13 1942 (month) (day) (year)

(c) Cemetery Emanuel

Location Windsor Lane

18 (a) Funeral director William Cook

(b) Address 317 St Paul St

19 (a) APR 12 1942 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 20 days

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1942 to 4-9 1942 and that I last saw h[illegible] alive on 4-9 1942

Immediate cause of death: Carcinomatous cervix with metastases & hemorrhage

Duration: ? Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Ryden M. D.

Address B C H Date signed 4-9-42

PLEASE WRITE CLEARLY. Information on this certificate is especially important. Physicians, please correct age is especially important.

VS 3

F 91149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 So Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Myers

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1905

8. AGE: Years	Months	Days	If less than one day
36	8	29 22 hr.	min.

9. Birthplace Roseville Ohio (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Claire Myers
13. Birthplace Roseville Ohio

MOTHER
14. Maiden Name Mary C. Patterson
15. Birthplace McConnellsville Pa.

16 (a) Informant Cannon - Cannon
(b) Address Roseville Ohio

17 (a) Removal (burial, cremation, or removal) (b) Date thereof 4/12/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Roseville
Location Ohio

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) APR 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 10 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Anderson M.D. Medical Examiner
Date signed 4/10/42

VS 6

F 91150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186 — F 91150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY RING

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Simon

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace R

MOTHER
14. Maiden Name Unknown
15. Birthplace R

16 (a) Informant Husband
(b) Address

Burial (Burial, cremation, or removal) (b) Date thereof 4/12/42 (month) (day) (year)

(c) Cemetery Woodlawn Location Southern ave

18 (a) Funeral director Joseph Louis Inc
(b) Address 1439 E. Balt St

APR 12 1942 (Date received by Registrar) (b) Huntington Willis Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Pulmonary embolism	
Due to: Thrombophlebitis left leg	
Due to: Fracture of rt humerus	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation 4-6-42
Major findings of operation: Closed reduction of fracture
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 31, 1942 M
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury tripped over carpet fell

23. Signature H. L. Wollenweber M.D.
Date signed 4-12-42 Medical Examiner.

Please answer all questions. Physician: please underline cause to which death should be charged statistically. Undertaker: please see that correct age is especially important. Physician: please underline cause to which death should be charged statistically.

F 91151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91151 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Webster St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~John C. Maddox~~ John J. Maddox

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-07-7812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Ann Maddox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	8	hr. min.

9. Birthplace Maryland (City, county and state)
10. Usual Occupation Railroad Brakeman
11. Industry or business B & O R.R.

FATHER
12. Name John W. Maddox
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Doran
15. Birthplace Vermont

16 (a) Informant Mrs. Joseph Abell
(b) Address 408 Shady Nook Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Essex, Md.

18 (a) Funeral director J. J. Amoroso
(b) Address 3005 W. Baltimore St.

APR 13 1942 (b) Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Saudenright M.D.
Medical Examiner.
Date signed 4/9/42

Please correct age is especially important. Physicians: please write

VS 6

F 91152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/31-aF 91152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3126 Guilford Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Guilford Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Robert W. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: L. Amelia Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1868

8. AGE: Years 72 | Months 4 | Days 30 | If less than one day: hr. min. (29)

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Oculist

11. Industry or business

FATHER
12. Name Joseph Price
13. Birthplace Millington, Md.

MOTHER
14. Maiden Name Mollie Ringold
15. Birthplace Millington, Md.

16 (a) Informant Mrs. L. Amelia Price
(b) Address 3126 Guilford Ave.,

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave.,

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) APR 10 1942 (b) Huntington Williams, M.D.

Please write plainly and see that the correct age is especially important. Typewriter preferred.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 10, 1942, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942 to Apr 9 1942 and that I last saw h alive on Apr 9 1942

Immediate cause of death
Cardiac Failure - Decompensation
Due to Cardio Renal
Disease
Due to Arteriosclerosis

Duration: Days / 7 yrs

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilfred T. Grenfell M.D.
Address 3126 Harford Rd. Date signed 4/11/42 (M/D)

F 91153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Yolando Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Yolando Road (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK PAIGE PRITCHARD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	705-05-6020

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Pritchard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1881

8. AGE: Years	Months	Days	If less than one day
60	8	16	hr. min.

9. Birthplace Kokomo Indiana (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business

FATHER
12. Name Edward R. Pritchard
13. Birthplace Indiana

MOTHER
14. Maiden Name ? Thorne
15. Birthplace Indiana

16 (a) Informant Mrs. Marie Pritchard
(b) Address 3627 Yolando Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St.

19 (a) APR 13 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 18 1942 to April 10 1942 and that I last saw him alive on Mch 22 1942.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 4/10/42

PLEASE WRITE correct age is especially important. Physicians: please

F 91154 Agnes S Janley

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91154 Registered No.

1. PLACE OF DEATH: ~~South Balto~~
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 William Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Agnes Theresa Janley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife William Janley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1885

8. AGE: Years	Months	Days	If less than one day
56	4	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Employee of City
11. Industry or business Baltimore

FATHER
12. Name Wm Shenton
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Meekins
15. Birthplace Md

16 (a) Informant Mrs Wm J Janley
(b) Address 1202 Wilkins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Avenue

18 (a) Funeral director John J Gahey Inc
(b) Address 1318 Light St.

19 (Signature of local registrar) Huntington Williams, M.D.

APR 12 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1942 to 4-9 1942 and that I last saw h~~er~~ alive on 4-9 1942

Immediate cause of death Right heart failure — Duration 6 hours
Due to Coronary occlusion — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Glovino
Address H. B. C. H. Date signed 4-9-42 M. D.

PLEASE WRITE CLEARLY. Physicians: please write correct age in especially important.

F 91155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 91155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Belt St (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Constance Tempest Lubey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Stewart Lubey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1920

8. AGE: Years	Months	Days	If less than one day
21	11	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James W. Lundine
13. Birthplace Baltimore

MOTHER
14. Maiden Name Susie Funke
15. Birthplace Pennsylvania

16 (a) Informant Mrs Susie Lundine
(b) Address 1705 Belt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory Pettus Methodist Episcopal
Location Freeman Md

18 (a) Funeral director J. J. Foley & Sons
(b) Address 1210 Light St.

19 (a) (Date rec'd by local registrar) (b) Huntington Hill Baltimore, Md.

APR 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1942, to April 10 1942, and that I last saw him A. L. alive on April 10 1942.

Immediate cause of death Suffocation

Due to Metastasis carcinoma of cervical area with

Due to compression of trachea

Other Conditions Widespread metastasis, emaciation (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
6 mos.
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Women's Hospital Date signed 4-10-42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of death ...

F 91156 A 73124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Chase

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7656

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1888

8. AGE: Years	Months	Days	If less than one day
53 52	8	29	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Mcgoins
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Berry?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 '42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director B. J. Lowe
(b) Address Huntingtown

19 (a) APR 12 1942 (Registrar) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1942 to 4/10 1942, and that I last saw h[illegible] alive on 4/10 1942.

Immediate cause of death
Pneumococcal Meningitis
March 2 '42
Due to Otitis Media
Due to
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation 4/8/42
Major findings of operation: Acute Suppurative Mastoiditis
of autopsy: Sent

Duration
4 days c
2 days
2 years
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 4/12/42

PLEASE WRITE plainly. Physicians: please write the cause of death correct age is especially important.

VS 3

F 91157 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-6 F 91157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Deceased

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Harwood P.O.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Clinton Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Glendora Ward
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace Dudley Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Ward
13. Birthplace Md. Geo.

MOTHER 14. Maiden Name Sarah Hall
15. Birthplace Wash. D.C.

16 (a) Informant Mrs. Joseph Ward
(b) Address Galesville Md

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Apr. 14 42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Dudley Lane
Location Galesville Md

18 (a) Funeral director Mrs. Joseph Ward
(b) Address Galesville Md

19 (a) (b)
APR 1 2 1942 Huntington Williams, M.D.
Registrar
VS 3

PLEASE WRITE PLAINLY. Items 1 to 23 are important. Physician: please write correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 42 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 19 42 to 4/12 19 42 and that I last saw him alive on 4/12 19 42.

Immediate cause of death Congestive Failure

Due to Rheumatic C.V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Robinson
Address Mercy Hospital Date signed 4/14/42

F 91158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 91158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 242 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 242 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Rentz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas. F. Rentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1873

8. AGE: Years	Months	Days	If less than one day
68	10	—	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Chas. F. Rentz
(b) Address

17 (a) Burial (b) Date thereof 4-13-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Geo. A. Fuhrman
(b) Address Fulton & Fayette

APR 13 1942
(Date rec'd by registrar) (b) Huntington Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 — 1942, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death — Duration

Lobar Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 4-10-42

Please write clearly. Physicians: please write the correct age is especially important.

F 91159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital.
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Division Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harvey Ryan

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1901

8. AGE: Years: 41 | Months: 2 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: William Hall
13. Birthplace: ?

MOTHER
14. Maiden Name: Emma Dorman
15. Birthplace: Jamestown, Md

16 (a) Informant: Sister
(b) Address: ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem
Location: Baltimore, Md.

18 (a) Funeral director: Milligan & Jackson
(b) Address: 916 Pennsylvania ave

19 (a) APR 13 1942 (b) Huntington, Indiana

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1942 to 4-10 1942 and that I last saw her alive on 4-10 1942

Immediate cause of death: Meningitis

Due to: Meningococcus

Due to:

Other Conditions: Spinal Rock

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy At J.H.H. 4-11-42

Duration: 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Dukes, M. D.
Address: Sydenham Hosp. Date signed 9-12-42

PLEASE WRITE PLAINLY. Physician's prompt correct report is especially important.

F 91160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 91160 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St. & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1225 N. Potomac St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ella Lininger

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex: Female — 5. Color or race: White — 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1872

8. AGE: Years 70 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name James Clemens

13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden Name Mary Hanson

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Lilly Parr

(b) Address 1225 N. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location O'Donnell St.

18 (a) Funeral director Howard N. Bligh Sr.

(b) Address 4914 Belair Road

19 (a) (Date received by registrar) (b) Registrar

APR 13 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942 at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942 to April 11 1942 and that I last saw her alive on April 11, 1942.

Immediate cause of death Heart Failure — Duration

Due to Heart Block

Due to Arteriosclerotic Hrt. Disease

Other Conditions Cerebral Accident Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify yes or no)

(e) Means of injury

23. Signature Samuel Guter M.D.

Address Sinai Hosp. Date signed April 11, 1942

F 91161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 91161

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 47 E. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14y

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 47 E. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank [illegible] Holborn

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret Ann Holborn
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) May [illegible], 1[illegible]

8. AGE: Years	Months	Days	If less than one day
54	10	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Joseph L. Holborn
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Ann Humphries
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret Ann Holborn
(b) Address 47 E. Carrollton Ave.

17 (a) Burial (b) Date thereof [illegible]
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Goltz
(b) Address 1700 W. Lombard St.

19[illegible] APR 13 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 19[illegible], at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1942, to 4/10 1942.
and that I last saw him alive on 4/9/42 19

Immediate cause of death: Carcinoma of Stomach — Duration: 14y.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Calas
Address 4 N. Fulton Date signed 4/11/42 M.D.

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 8

F 91162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91162 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Madison Ave.
(c) Hospital or institution: Bayview Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S. Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Kurnan Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Late Susie Martin Kurnan | 6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr: May 17, 1863

8. AGE: Years 78 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Fireman (Retired)

11. Industry or business Balto. City F.D.

FATHER 12. Name Geo. Kurnan

13. Birthplace Md

MOTHER 14. Maiden Name Alice Simmons

15. Birthplace Md

16 (a) Informant Mrs. Kurnan wife

(b) Address 4 S. Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13/42 (month) (day) (year)

(c) Cemetery or crematory Herrick Ridge

Location Pikesville Md

18 (a) Funeral director Harry H. Mutzfeldt

(b) Address 401 Edmondson Ave

19 APR 13 1942 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1942 at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 9 1942, and that I last saw h/m alive on April 8 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Generalized Atherosclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury POUND

23. Signature [illegible] M.D.

Address Bayview Hosp. Date signed 4/9/42

PLEASE write correct age is especially important. Physicians: please write

VS 8

F 91163

F 91163

BALTIMORE CITY HEALTH DEPARTMENT

R.L.C. (73178) CERTIFICATE OF DEATH 117-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 W. Hamburg Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1907

8. AGE: Years	Months	Days	If less than one day
34	6	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business H.W. Wagner

FATHER
12. Name Walter Byrd
13. Birthplace Maryland

MOTHER
14. Maiden Name Carolyn Adams
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs Frances Hendley
(b) Address 578 N. Biddle St. Baltimore, Md.

19 (a) APR 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1942 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1942 to 4-10 1942, and that I last saw h alive on 4-10 1942

Immediate cause of death Shock — Duration 24 hrs.

Due to Lung Abscess — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-10-42

Major findings of operation: adhesions

of autopsy: Date

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Rigdon M. D.
Address B C H. Date signed 4-12-42

PLEASE WRITE correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

4057 35 F 91164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 91164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 LENNOX ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMANDA QUICKLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	MARRIED

6 (b) Name of husband or wife HARRISON

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 9-10-94

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	7	-		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name JOSEPH JACKSON
13. Birthplace VA

MOTHER
14. Maiden Name ELIZA JORDAN
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory Spencerville
Location Montgomery Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) APR 13 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 10 1942 at 955 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1941 to Apr 10 1942, and that I last saw her alive on Apr 10 1942.

	Duration
Immediate cause of death: Hypertensive cardio-vascular disease	2½ years
Due to: Cerebral arteriosclerosis	2½ yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Quinby Jr
Address Johns Hopkins Hospital Date signed 4/11/42 M. D.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the exact cause of death, and the correct age is especially important.

F 91165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91165

Registered No.

PLEASE WRITE CLEARLY. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3214 Fairmount Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3214 E. Fairmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances H.

6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Sept. 19-1869

8. AGE: Years: 72 | Months: 6 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county and state)

10. Usual Occupation: Janitor

11. Industry or business: C. & W. Ry. Co.

FATHER

12. Name: Edward Smith

13. Birthplace: Balto. Md.

MOTHER

14. Maiden Name: Mary Sullivan

15. Birthplace: Balto. Md.

16 (a) Informant: Frances H. Smith

(b) Address: 3214 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/14/42 (Month) (Day) (Year)

(c) Cemetery or crematory: Mt. Olivet

Location: Frederick Road.

18 (a) Funeral director: John A. McGann

(b) Address: 3008 E. Baltimore St. Huntington Williams, M.D.

19 (a) APR 13 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14-42 to 4-11 1942 and that I last saw him alive on 4-11 1942

Immediate cause of death: Chronic myocardial degeneration

Due to: arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature: John J. Gould M. D.

Address: 14 N. Eutaw Ave Date signed 4-11-42

VS 3

F 91166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No.

F 91166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rockwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town ~~Baltimore~~ Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy White (South F 47313)

3 (b) If veteran, name war ____ 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4/11/42

8. AGE: Years	Months	Days	If less than one day
			2 hr. 35 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William Ellwood White
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Evelyn Ruth Adams
15. Birthplace Linebore, Pa.

16 (a) Informant Mrs Evelyn White
(b) Address Route #2, Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Md

18 (a) Funeral director Edward J. Gipton
(b) Address Hampstead, Md.

19 (a) APR 13 1942 (Date received) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1942, at 44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1942, to 4/11 1942, and that I last saw him alive on 4/11 1942.

Immediate cause of death Intra cranial Hemorrhage — Duration ____
Due to Prematurity
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____
23. Signature Dale H. Gipton M. D.
Address University Hosp. Date signed 4/11/42

correct age is especially important

F 91167

Coffey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-D

F 91167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bridget Coffey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Texas, Balto Co. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Murray
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wendefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] Huntington Williams M.D.
(Date received by Registrar) APR 13 1942

VS 3

MEDICAL CERTIFICATION 5 9 m.

20. DATE OF DEATH April 11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to April 11 1942, and that I last saw h[illegible] alive on April 10 1942.

	Duration
Immediate cause of death: Edema Lungs	1 day
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 4/13/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly as it is especially important.

AB-71037

F 91168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-DF 91168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Mo. 1D
(e) Length of stay in Baltimore (yrs., mos., or days) 28-1-1-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 680 Saratoga St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1914

8. AGE: Years	Months	Days	If less than one day
28	2 1	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Tripp
15. Birthplace Md.

16 (a) Informant
(b) Address B.C.H. Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-13-42 (month) (day) (year)
(c) Cemetery or crematory mt Calvary
Location A.A. County

18 (a) Funeral director Adolph Lang Estate
(b) Address 9184 Grindy Lee Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1942 at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1942 to 4-10 1942 and that I last saw her alive on 4-10 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions Thr. 7 Lung.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Howard W. Rathbun M. D.
Address Balto. City Hosp Date signed 4-10-42

PLEASE WRITE correct age is especially important. Physicians: please write the cause

413108 91169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 91169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N JASPER (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Tigue

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-26

8. AGE: Years	Months	Days	If less than one day hr.	min.
15	5	4		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lester Tigue
13. Birthplace VA

MOTHER
14. Maiden Name Lucar Sample
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Place

19 (a) (Date rec'd by registrar) APR 13 19[illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 6 1942 at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1942 to Apr 6 1942, and that I last saw him alive on Apr 6 1942.

	Duration
Immediate cause of death: Uremia	2 months
Due to: Hemorrhagic glomerulonephritis	5 years
Due to:	
Other Conditions: Sickle Cell Anaemia	11 yrs
Cardiac hypertrophy (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp. Date signed 4/9/42

PLEASE WRITE correct age is especially important. Physicians: please write

F 91170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192 D Registered No.

F 91170

1. PLACE OF DEATH: 1006 S. Eutaw St
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits write RURAL and give town)
(d) Street No. 1006 S. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2nd

3 (a) FULL NAME Elizabeth Jones Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Reason Bacon.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1868

8. AGE: Years 60 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name John Jones

13. Birthplace Balto.

MOTHER 14. Maiden Name Unknown —

15. Birthplace —

16 (a) Informant Maggie Jones.

(b) Address 1006 S. Eutaw St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-19-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cmty

Location Balto. Md.

18 (a) Funeral director Walter B. Emig

(b) Address 139 W. Hamburg St.

19 (a) (b) Huntington Williams M.D.

APR 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942, at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5-1942 to 4-10-1942 and that I last saw her alive on April 10 1942.

Immediate cause of death Chronic Endocarditis — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A Carper M. D.

Address 1016 S. Stump St Date signed 4-13-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that the correct age is especially important.

F 91171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Olive St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LARRY COLE (Isaiah Cole)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 - 1900

8. AGE: Years	Months	Days	If less than one day
41	9	28	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Cole

13. Birthplace —

MOTHER 14. Maiden Name Delevine E. Reddick

15. Birthplace A. A. County

16 (a) Informant Stephen Carter

(b) Address 876 W. Fairmount Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 13 42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Baltimore

18 (a) Funeral director Walter B. Byers

(b) Address 139 W Hamburg St.

19 APR 13 1942 (Signature) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary far advanced	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williamson M.D. Medical Examiner.

Date signed 4-5-42

PLEASE WRITE ... correct age is especially important. Physicians: please write the cause of ... clearly.

F 91172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No. F 21172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Ferndale (If outside city or town limits, write RURAL and give town)
(d) Street No. Williams Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES RUSSELL KNIGHT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	213-05-7681	Male	White	Married

6 (b) Name of husband or wife Anna Viola Knight (Nee Johnson) 6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 23, 1889

8. AGE: Years	Months	Days	If less than one day
52	11	18	hr. min.

9. Birthplace Abingdon, Harford Co. Md. (Town, county, and state)
10. Usual Occupation Chaufer
11. Industry or business Yellow Cab Co. Balto. Md.

FATHER
12. Name Joshua T. Knight
13. Birthplace Harford Co. Maryland.

MOTHER
14. Maiden Name Ellen Kimble
15. Birthplace Harford Co., Maryland.

16 (a) Informant Thomas R. H. Knight
(b) Address 521 Freeman St. Brooklyn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memo. Park
Location Glen Burnie, Md.

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie, Md.

19 (a) APR 13 1944 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1944 at 4.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 4-12-44

PLEASE WRITE PLAINLY. Physicians: please write the cause of death legibly. Please correct age is especially important.

VS 6

F 91173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Wilcox St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Wilcox St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael F. Nolan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary T. Nolan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1864

8. AGE: Years 78 | Months 2 | Days 3 1/2 | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business

FATHER
12. Name Brian Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fenton
15. Birthplace Winchester Va

16 (a) Informant Miss Margaret Nolan
(b) Address 1310 Wilcox St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Lanvale St.

19 (a) [illegible] Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1936 to April 12 1942 and that I last saw him alive on April 12 1942.

Immediate cause of death: Coronary thrombosis — Duration 30 min.
Due to (a) coronary sclerosis — Duration at least 6 years
Due to (b) arteriosclerosis
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Samuel Silverfarb M.D.
Address 714 E. Preston Date signed 4/13/42

VS 3

F 91174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D Registered No. F 91174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Ashburton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Ashburton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES JULIUS SELANDER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Anna Selander
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 13.1863

8. AGE: Years 78 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Photagrapher
11. Industry or business - -

FATHER
12. Name ? Selander-deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known- deceased
15. Birthplace Germany

16 (a) Informant Mrs. Dorothy Hart-daughter
(b) Address 1317 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr;13.1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Aye. & Broadway.

19 APR 13 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9.1942 2.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: CARDIAC DECOMPENSATION — Duration: 4 Mo.-
Due to ARTERIO-VASCULAR DISEASE (SCLEROTIC) — 5 YEARS.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Norman R. Klenman M. D.
Address 1101 N. Fulton Ave. Date signed 4/10/42

PLEASE WRITE PLAINLY. Please see that the cause of death is correct age is especially important. Physicians: please write the cause of death plainly.

VS 8

F 91175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-F Registered No.

F 91175

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Lakewood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Lakewood Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Hofmann

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Peter Hofmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 1873

8. AGE: Years	Months	Days	If less than one day
68	10	29	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name Anton Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Mahnert
15. Birthplace

16 (a) Informant husband
(b) Address 424 N. Lakewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 APR 13 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10/42 at 2:50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 23 1941 to April 10 1942 and that I last saw h alive on 4/10/42.

Immediate cause of death Carcinoma Liver — Duration 6 mo

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Hofmann M. D.
Address 1710 E 33rd Date signed 4/17/42

VS 2

F 91176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 91176
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Ida Carrick (May)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 12, 1870

8. AGE: Years 72 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Geo. W. Carrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucretia A. Myers
15. Birthplace Maryland

16 (a) Informant Mrs. N. L. Haslett
(b) Address 4215 Liberty Hts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Ave.

19 (a) APR 13 1942 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942 to April 10 1942, and that I last saw him alive on April 10 1942.

Immediate cause of death: Coronary Occlusion — Duration:
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Sama + Cholelithiasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address BM Sinai Hosp Date signed 4-10-42

F 91177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates and ages. Be sure that you correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert A. Pridham Pridham

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Pridham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Devonshire England (Town, county, and state)
10. Usual Occupation Engraver
11. Industry or business Self

FATHER
12. Name William Pridham
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Mrs. Nellie Pridham
(b) Address 402 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa. Aves

19 (a) APR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12-1942, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10-1942, to 4-12-1942, and that I last saw h alive on 4-12-1942.

Immediate cause of death	Duration
Cardio-vascular failure	
Due to Coronary thrombosis	
Due to Arteriosclerotic cardiovascular disease	
Other Conditions Embolus ext. femoral vein. Gangrene left foot. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Gibbs M. D.
Address University Hosp. Date signed 4-12-42

VS 2

F 91178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118-a

Registered No. 91178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Brighton St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Tagan

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Financial Secretary
11. Industry or business Electrical Union

FATHER
12. Name Hugh Edward Tagan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Hanson
15. Birthplace Baltimore

16 (a) Informant Mrs. David Campbell
(b) Address 3017 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Ficker & Sons
(b) Address North & Pa. Aves.

19 APR 18 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 6:10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Rupture of tibial Osteomyelitis
Due to: Staphylococcus Septicemia
Due to: Tabes Dorsalis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 11/2
(b) Date of occurrence 3/1/42 at M
(c) Where did injury occur? 1222 N Paul St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury: Fall

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/13/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and report correct age is especially important.

VS 6

F 91179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 91179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthura Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1910

8. AGE: Years	Months	Days	If less than one day
32	2	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ellswood Young
13. Birthplace Maryland

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Ellsworth Young
(b) Address 1712 Madison, Ahead

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Leo. D. Nelson
(b) Address 1303 Pleasant Ave

19 (a) (b) Huntington Woodlawn MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942 at 4½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Traumatic cerebral hemorrhage	
Spinal cord injury	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/9/42 at 5 P M
(c) Where did injury occur? 1712 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell down steps

23. Signature H. Bond Sutton M.D. Medical Examiner.
Date signed 4/10/42

PLEASE WRITE plainly. Physicians: please write the causes of death clearly and report correct age is especially important.

VS 6

F 91180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1643 Registered No. E 91180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: found in floating in Harbor Wildcat, old annapolis rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 1928 Frederick Ave (If rural give location)
Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE VOGT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1887

8. AGE: Years	Months	Days	If less than one day
57 58	6	2	hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Jailor

11. Industry or business (own) 827 N. Appleton St.

FATHER
12. Name Henry Vogt
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Kleinheen
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Lilly M Waddleton
(b) Address 518 D. St., Glen Burnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (months) (days) (years)
(c) Cemetery or crematory Forrajie Park Cem
Location Baltimore County Md

18 (a) Funeral director George E. Lohmeyer
(b) Address 2101 Frederick Ave

19 (Date received by registrar) APR 13 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 42 at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Drowning
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 14, 1942 M
(c) Where did injury occur? near Hanover St bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Drowning

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.
Date signed 4-12-42

PLEASE WRITE PLAINLY with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-D

F 91181
Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 S. Bentalow St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 70
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 S. Bentalow St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Yager

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 – 1873

8. AGE: Years	Months	Days	If less than one day
68	8	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business Balto. City Water Dept.

FATHER
12. Name John Philip Yager
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Emrich
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Siegesta
(b) Address 428 S. Bentalow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George L. Pschorr
(b) Address 2101 Frederick Ave.

19 (a) APR 13 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, April 12 1942 and that I last saw [illegible] alive on April 10 1942.

Immediate cause of death Hypostatic Pneumonia. Arteriosclerosis. Endocarditis.

Duration

Due to
Due to
Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norbert A. Pfeifer
Address 215 E. Redwood Date signed 4/11/42 M. D.

F 91182 T/N 69494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Seperated

6 (b) Name of husband or wife Aubrey Stokes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/9/1893

8. AGE: Years	Months	Days	If less than one day
47 48	19 7	0	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stephen Gaines
13. Birthplace Virginia

MOTHER
14. Maiden Name Lane
15. Birthplace Virginia

16 (a) Informant B.C.Hospitals
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) APR 13 1942 (Registered by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1941 to 4-9 1942 and that I last saw her alive on 4-9 1942.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-9-42

VS 3

PLEASE WRITE PLAINLY. Fill in all blanks. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 91183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

Registered No. F 91183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 Wheeler Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Wheeler Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Broll

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Christian H. Broll
6 (c) If alive, give age 91 years
7. Birth date of deceased (mo., day, yr.) Mar. , 1854
8. AGE: Years 88 | Months — | Days | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Heil,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophia Heil
15. Birthplace Maryland

16 (a) Informant John Broll.
(b) Address 1718 Brantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore

18 (a) Funeral director Easton Sons,
(b) Address Ellicott City, Md.

19 APR 13 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1942 to April 9 1942 and that I last saw h[illegible] alive on April 9 1942.

Immediate cause of death: Sarcoma of right hip — Duration: About 6 or 7 months
Due to Unknown
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No —
(e) Means of injury —

23. Signature Wm. Conrad Boyle M. D.
Address 1900 Maryland Ave. Date signed 4/11/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age in especially important.

VS 3

F 91184 | BALTIMORE CITY HEALTH DEPARTMENT | F 91181

CERTIFICATE OF DEATH

36-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland Gen'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Bradley St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wm Edward Foster

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-7004

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/12/19xx

8. AGE: Years	Months	Days	If less than one day
19	9	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fred Foster
13. Birthplace Gloucester Co. Va.

MOTHER
14. Maiden Name Maud Jones
15. Birthplace Hampton Va.

16 (a) Informant Marie Foster (M)
(b) Address 813 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles H. Corfer
(b) Address 514 N. Calhoun St.

19 (a) Embalmed by Huntington Williams (b) M.D.
APR 13 1942

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Give full name of deceased, not initials. Give correct age in years, months, days. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1942 to 4-9 1942 and that I last saw h[illegible] alive on 4-9 1942

Immediate cause of death Lobar Pneumonia (a) — Duration

Due to

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy 4-10-42 Rt lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Joseph M. D.
Address Md. General Hosp. Date signed 4/10/42

F 91185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 91185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 S.CHAPEL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 S.CHAPEL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK F.BENTKOWSKI

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-07-9838

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARGARET BENTKOWSKI

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT.14 1901

8. AGE: Years 40 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FISH SALESMAN

11. Industry or business FISH MARKET

FATHER
12. Name MICHAEL BENTKOWSKI
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE COLE
15. Birthplace GERMANY

16 (a) Informant MARGARET BENTKOWSKI (WIFE)
(b) Address 503 S.CHAPEL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR.14/42 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Tully & Kaelin
(b) Address 403 S.WOLFE ST.

19 (a) APR 13 1942 (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH APR.10 1942 at 9/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to April 10 1942 and that I last saw him alive on April 6 1942

Immediate cause of death

Due to Mitral Insufficiency
Due to Acute Dilatation of Heart
Due to Chronic Mitral Insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clifford Kleinsmith
Address 2579 Eastern Ave Date signed 4/11/42

F 91186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2236 E. HOFFMAN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 E. HOFFMAN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH CAULFIELD

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JAMES CAULFIELD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 23 1860

8. AGE: Years 81 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name LARRY CONWAY
13. Birthplace IRELAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace IRELAND.

16 (a) Informant LEO CAULFIELD (SON)
(b) Address 4255 NICHOLAS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 15/42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD ROAD

18 (a) Funeral director Lilly F. Zeller
(b) Address 403 S. WOLFE ST.

19 (a) (b) Huntington Williams, M.D. Registrar

APR 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 12 42 at 1/15 AM. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1941 to 4/12 1942 and that I last saw her alive on 4/9 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertensive cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. H. Bramble, M.D.
Address 1581 E. North Ave. Date signed 4/13/42

F 91187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

453

F 91187

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and answer every question. Where none, or not known, so state. Do not use ditto marks. Be particular and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 S. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ROBERT SCHULL

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or ~~divorced~~
M	W	married

6 (b) Name of husband or wife Margaret Schul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation W.P.A. worker
11. Industry or business

FATHER
12. Name Frederick Schul
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Hays
15. Birthplace Baltimore, Md.

16 (a) Informant Margaret Schul
(b) Address 628 South Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr/14/42 (month) (day) (year)
(c) Cemetery or crematory St. Matias
Location O'Donnell St.

18 (a) Funeral director Lilly & Zailenbrey
(b) Address 403 S. Wolfe St.

APR 13 19[illegible] (b) Huntington Md. Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 42 at 9P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death
Carcinoma of tongue
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Z. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 4-12-42

F 91188
414282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

78-B

F 91188
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. If any item is unknown, state "unknown." Please see that your answer to each question is full, accurate and complete. Do not omit any item or leave any blank unless instructed to do so. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Sills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-39

8. AGE: Years	Months	Days	If less than one day
2½	5	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russell Sills
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4, 15, 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. Co. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1401 [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942, 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to April 11 1942, and that I last saw her alive on April 11 1942.

Immediate cause of death: Lead Poisoning non-occupational — Duration: born

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ron Pollack
Address Johns Hopkins Date signed 4-12-42

VS 8 APR 13 1942

F 91189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1604

F 91189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Wyeth St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bailey Cecil Marsh (Booth F. 48511)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 11 1942

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and State)
10. Usual Occupation None Child
11. Industry or business None

MOTHER / FATHER
12. Name Floyd Marsh
13. Birthplace Orange Va.
14. Maiden Name Lucie Marsh
15. Birthplace Balto. Md.

16 (a) Informant Floyd Marsh
(b) Address 624 Wyeth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13, 42 (month) (day) (year)
(c) Cemetery or crematory Forestville Cemetery
Location Forestville Md.

18 (a) Funeral director Cawberry Bros
(b) Address 624 Wyeth St.

(Date rec'd by registrar) (Registrar) Lillian Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1942 to 4-13 1942 and that I last saw him alive on 4-12 1942.

Immediate cause of death: atelectasis — Duration:
Due to congenital heart disease
Due to atelectasis and bronchopneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Revell M. D.
Address Univ. Hospital Date signed 4-13-42

F 91190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91190

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 506 N. Belmont Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 506 N. Belmont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Amelia Pinkowska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Karl Pinkowska

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec. 6. 1868

8. AGE: Years	Months	Days	If less than one day
74	2	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name George Fred. Ayles

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Eva Susan Hurst

15. Birthplace Balto Md.

16 (a) Informant Mr Karl Pinkowski

(b) Address 506 N. Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (month) (day) (year)

(c) Cemetery or crematory Moreland Mem. Park

Location Belair Rd - Balto. Md.

18 (a) Funeral director John C. Miller Inc

(b) Address 2435 E. Oliver St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 13 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to April 12 1943 and that I last saw her alive on 4-12 1943

Immediate cause of death Hypertension Cardio-Vascular Disease

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Andrew Hunsworth M. D.

Address 2357 Eastern Ave Date signed 4-13-43

F 91191 ✓ F 91191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be accurately correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 N Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary V. Joy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1865

8. AGE: Years	Months	Days	If less than one day
76	4	14/15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name James H. Brady
13. Birthplace New York, N. Y.

MOTHER
14. Maiden Name Rose Ann Golden
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Rose B. Brady
(b) Address 30 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Kenny & Son
(b) Address 90 Collins St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942, at 1:30 AM

21. I certify that I attended deceased from March 1 1942, to April 12 1942; and that I last saw her alive on April 7 1942.

Immediate cause of death: (a) Pneumonia or Carcinosis — Duration 2 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel F. Steinmetz
Address 1945 N. Baltimore Date signed 4/13/42

414390
F 91192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P

F 91192
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Above data must be given for each death. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Garrett
(c) City or town Oakland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-16-78

8. AGE: Years	Months	Days	If less than one day
63	6	27	hr. min.

9. Birthplace PA
(Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Grocery

FATHER
12. Name Jacob Miller
13. Birthplace PA

MOTHER
14. Maiden Name Elizabeth Boring
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 13 1942 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location

18 (a) Funeral director Emroy Baldwin
(b) Address Oakland Md

19 (a) Filed 4-13-1942 Huntington Williams, M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH APR-13 1942, at 345A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 11 1942 to APR 13 1942, and that I last saw him alive on APR 13 1942.

Immediate cause of death: Carcinoma of the Prostate with Carcinomatosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: Gave no signs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Burgwald
Address Johns Hopkins Hospital Date signed 4/13/42

78 3

F 91193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91193

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Aisquith Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Aisquith Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgeiana [illegible] Walstrum

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William L. Walstrom

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 12th, 1880

8. AGE: Years 61 | Months 10 | Days 29 | If less than one day ########## min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph T Chalk
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Carter
15. Birthplace Maryland

16 (a) Informant William L. Walstrom (Son)
(b) Address 809 Bradford Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave. Balto. City

18 (a) Funeral director George A. Luth, Inc.
(b) Address 1735 Harford Avenue

19 (a) APR 13 1942 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th, 1942 at 4-20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1942 to April 11 1942 and that I last saw her alive on April 11 1942.

Immediate cause of death: Chronic Myocarditis — Duration: 1 yr

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B. Mole M. D.
Address 1331 E. Lexington St. Date signed 4-11-42

VS 8

F 91194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91194

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Jenkins Memorial Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 8

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Baltimore

(c) City or town 1501 N. Caroline (If outside city or town limits, write RURAL and give town) 6

(d) Street No. 1501 N. Caroline (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Margaret F. Foley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/26/86

8. AGE: Years	Months	Days	If less than one day
79	11	17	— hr. — min.

9. Birthplace Balto; Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Patrick Foley

13. Birthplace Ireland

MOTHER 14. Maiden Name Ann Flynn

15. Birthplace Ireland

16 (a) Informant Mrs Ann Foley,

(b) Address 1501 - N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto; Md.

18 (a) Funeral director George J. Pfeifer Inc

(b) Address 123 E. Hanford Ave Balto

19 (a) APR 25 1942 (Date received by registrar) (b) Harlington Wilmer, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12/42 1942 at 11. A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to April 1942 and that I last saw her alive on 4/9 1942

Immediate cause of death Cardiac Failure

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J C Bound M. D.

Address St. Agnes Hosp Date signed 4/13/42

F 91195
SS 73838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124-B E 91195 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not leave blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Lindeman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife Nellie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1886

8. AGE: Years	Months	Days	If less than one day
56	0	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Baltimore & Conkling Sts,

FATHER
12. Name Henry William Lindeman
13. Birthplace ?

MOTHER
14. Maiden Name Jennie Pfaff
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural
18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans
19 (a) APR 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1942 at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1942 to 4-11 1942 and that I last saw h~~im~~ alive on 4-11 1942.

Immediate cause of death Carcinoma of Liver — Duration 1 yr

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 11-29-41, 2-10-42

Major findings of operation: Autopsy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Boskett M.D.
Address Balto City Hosp Date signed 4-12-42

VS 3

91196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

Registered No. E 91196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Do not abbreviate. Be sure that the cause of death is correct and legible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Jordan Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 13 1942

18 (a) Funeral director
(b) Address

19 APR 13 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1942 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculous pulmonary	
Due to	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NO

of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner

Date signed 3-25-42

9020

91197 JN 72964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 91197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2423 Hudson Place (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME John White

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1871?

8. AGE: Years 71 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation On relief

11. Industry or business

FATHER

12. Name John (d)

13. Birthplace Virginia

MOTHER

14. Maiden Name ? (d)

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 13 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 APR 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1942, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 4-1 1942 and that I last saw him alive on 4-1 1942.

Immediate cause of death: Bronchopneumonia — Duration ?

Due to

Due to

Other Conditions Syph. arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp Date signed 4-9-42

9021

VS 3

F 91198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 91198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3. (a) FULL NAME Baby Surennia Burnett

3 (b) If veteran, name war None

3 (c) Social Security Account No. —

4. Sex Fe

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1940

8. AGE: Years 1 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Vernon Burnett
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Adelaide Coates
15. Birthplace St. Mary's Co, Md

16 (a) Informant Adelaide Burnett
(b) Address 804 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Madigan & Jackson
(b) Address 846 Pennsylvania Ave

19 (a) APR 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942, at 11:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1942, to Apr. 12 1942 and that I last saw him alive on Apr. 12 1942

Immediate cause of death: Miliary Tuberculosis — Duration 3 weeks

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp Date signed 4/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

91199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-

Registered No. F 91199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4915 Greenspring Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4915 Greenspring Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Edyth Johns Cotton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Bruce Cotton
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 29th 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	2	14/13		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Mary Van Dyke Johns
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie E. Davis
15. Birthplace Smyrna, Delaware

16 (a) Informant Bruce Cotton
(b) Address 4915 Greenspring Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Jenkins Sons
(b) Address 2a Guilford Ave Balto Md

19 (a) APR 13 1942 (Date filed by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1942, at 12 o'clock P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1910, to April 12th 1942, and that I last saw her alive on April 12th 1942.

Immediate cause of death Cerebral apoplexy — Duration 1 year 10 days

Due to Arterial hypertension — Duration 5 years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Wm H. Dabney. M. D.
Address Reston, Maryland Date signed April 12th 1942

F 91200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 E Registered No.

F 91200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Calloy Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Walter Simpson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 4463

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20.1911

8. AGE: Years	Months	Days	If less than one day
~~Yrs~~ x 30	3	23	hr. min.

9. Birthplace Springfield Ill
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Social Sec. Board

FATHER
12. Name Thomas F Simpson
13. Birthplace Springfield Ill

MOTHER
14. Maiden Name Lydie Weise
15. Birthplace Springfield Ill

16 (a) Informant E H McClure
(b) Address Candler Building

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/42 (month) (day) (year)

(c) Cemetery or crematory
Location Springfield Ill.

18 (a) Funeral director A. Lee Odor
(b) Address 4644 York Rd

APR 13 1942 (b) Huntington Williams M.D.
(Local Registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942, at 8 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Crushing of head and chest

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/13/42 at 7 30 M
(c) Where did injury occur? Park + Market Place
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Jumped - Fall from window

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/13/42

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please answer correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 91201
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Clarke St also 147 Reservoir Street Rochester, N.Y.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK W. FLEMING

3 (b) If veteran, name war: World War 1
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1893

8. AGE: Years 48 49 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Rochester, N.Y. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John D. Fleming
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Cassidy
15. Birthplace Ireland

16 (a) Informant Edward Fleming
(b) Address Rochester N Y

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Rochester, N.Y.
Location

18 (a) Funeral director E W Lamoreau
(b) Address 1003 W. Baltimore St.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar) APR 14 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 42 9:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 4-13-42

F 91202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use terms that will be understood by the layman. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete. Do not abbreviate. Do not leave any item unanswered. Where there is no entry, write "None." Be sure that the age is correct. Ages are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Rebecca Slee

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1857

8. AGE: Years 70 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation ~~Housewife~~
11. Industry or business At Home

FATHER
12. Name Peter Joseph Slee
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Sarah C. Edwards
15. Birthplace Balto Md.

16 (a) Informant Mrs William Cook
(b) Address 2705 W. North Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 125 St. Paul St

19 (a) ~~Registered~~ 4/14/42 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 D. 1942 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to April 10 42 and that I last saw her alive on April 10 42

Immediate cause of death — Duration

Chronic Myocarditis — 4 Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Williams M. D.
Address 2757 W. North Date signed 4/15/42

VS 3

AB-72241 F 91203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

F 91203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 9 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 West Cross St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Taylor

3 (b) If veteran, name war NC

3 (c) Social Security Account No. K 1045

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ann Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1867

8. AGE 74 Years 3 Months 15 Days If less than one day hr. min.

9. Birthplace Baltimore, Md (City or county, and state)

10. Usual Occupation Iron Worker

11. Industry or business

FATHER 12. Name John Thomas
13. Birthplace Md.

MOTHER 14. Maiden Name Adaline Potticord
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1287 St Paul St

19 (a) (Date received by registrar) (b) Registrar

APR 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1942 at 3 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942, to 4-12 1942, and that I last saw him alive on 4-12 1942.

Immediate cause of death Urinary retention uremia — Duration 1 hr mo

Due to Benign prostatic hypertrophy — 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-7-42

Major findings of operations: Same

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address B C H Date signed 3-12-42

F 91204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. F 91204

F 91204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Hyzer

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~: Harry Hyzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 17 1883

8. AGE: Years	Months	Days	If less than one day
58	6	23	hr. min.

9. Birthplace: Minn. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Walter Hyzer
(b) Address: 1318 Eutaw Place

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/04/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~: St. Matthews
Location: Balto. Md.

18 (a) Funeral director: Williams Cook
(b) Address: 1217 St. Paul St

19 ~~Filed~~ APR 11 1942 (Date rec'd by registrar) (b) Huntington Hill, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942 PM M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Huge aneurysm right ~~left~~ anterior Cerebral	
Due to artery containing organized blood clot; ruptured	
Due to Aneurysm.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Sandenstrath M.D. Medical Examiner
Date signed 4/10/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 91205

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mulroney Nursing Home
(c) Hospital or institution: 5607 Roland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3823 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERTRUDE F. BEACHAM (BEACHAM)

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 3rd 1865

8. AGE: Years 57 | Months 5 | Days 8 | If less than 1 day, hr. min.

9. Birthplace Greenwich England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Buyer

FATHER
12. Name Edwin Beacham
13. Birthplace England

MOTHER
14. Maiden Name Sarah A. Rogers
15. Birthplace England

16 (a) Informant Amelia Beacham
(b) Address 3823 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) APR 14 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1942, at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: Hypertensive cardiovascular disease
Due to:
Other Conditions: Fracture of femur vertebrum (Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 26, 1942 at — M
(c) Where did injury occur? abroadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Became dizzy & fell on floor

23. Signature H. L. Wallenborn M.D. Medical Examiner
Date signed 4-11-42

(over)

VS 6

F 91206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered or a satisfactory explanation given. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Sylvan Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Sylvan Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Clyde North

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-05-2981

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillie Alda North

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 24, 1884

8. AGE: Years	Months	Days	If less than one day
58	—	18	19 hr. 45 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Official - B+O. R. R. Co.

11. Industry or business Railroad

MOTHER | FATHER

12. Name John North

13. Birthplace Maryland (Dorchester Co.)

14. Maiden Name Jane Saunders

15. Birthplace Maryland (Dorchester Co.)

16 (a) Informant Lillie Alda North

(b) Address 2906 Sylvan Avenue

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/15/42 (month) (day) (year)

(c) Cemetery Loudon Park

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 127 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

ABR

VS 1

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1939 to April 12, 1942 and that I last saw being alive on April 12, 1942.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	10 minutes
Due to: Chronic Myocarditis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Cole M. D.

Address 6014 York Road Date signed 4-13-1942

F 91207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/6

F 91207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~520 St. Marys Street~~
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 St. Mary (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Benjamin Locks
13. Birthplace Md

MOTHER
14. Maiden Name Annie Lewis
15. Birthplace Md

16 (a) Informant Earl C. Thomas
(b) Address 520 St Mary St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 42 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem. Location Charles Co. Md

18 (a) Funeral director James A. Otaye
(b) Address 1042 Wolfe St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 10:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1942, to 4-12 1942, and that I last saw her alive on 4-12 1942.

Immediate cause of death — Duration

Epidemic Meningitis (Meningococcus) — 36 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hurley
Address University Hospital Date signed 4/18/42

VS 8

F 91208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 91208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Brunswick
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Brunswick (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1870

8. AGE: Years	Months	Days	If less than one day
71	11	1	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business ✓

FATHER
12. Name George Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Cunningham
15. Birthplace Va.

16 (a) Informant Mrs V Harris
(b) Address 1417 Brunswick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] Hunting for Williams, M.D.
APR 14 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/42 19 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to 4/11/42 19 ; and that I last saw h[illegible] alive on 4/9/42

Immediate cause of death
Pulmonary Hemorrhage
Due to Fatty Blood
Due to Arterio Sclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Williams M. D.
Address 724 Madison Ave

F 91209

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 91209

Reg. Dist. No. 50

1. PLACE OF DEATH:
County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Jan. 28 1942
Hospital, institution, or street address where death occurred:
3723 Garrison ave, Balto
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State W. Va. County Tucker
City or town Davis
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Virginia Riley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	white	married

6.(b) Name of husband or wife George Riley
6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jl. 6 1875

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
47	2	7		

9. Birthplace Luray, Va. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Noah Fox
13. Birthplace Virginia
MOTHER 14. Maiden name Adeline Fenstein
15. Birthplace (Virginia) Virginia
16. Informant Louise R. Smith
Address 3723 Harrison Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17 1942 (month) (day) (year)
Cemetery or crematory Davis, W. Va.
Location ~~by Town~~ Davis
18. Funeral director L. H. Mott
Address Davis, W. Va.
19. APR 14 1942 (Date rec'd by registrar) Justice of Tom Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 10:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1942 to April 13 1942 and that I last saw h~~er~~ alive on April 12 1942
Immediate cause of death
Carcinoma of right mammary gland with metastasis to the lung
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION
3 yrs

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James S. Adkinson M. D. or other
Address 1212 Park Heights ave Date signed 4-14-42

F 91216

SS 73227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-13 F 91210

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) ~~Hospital or Institution~~ CITY HOSPITALS

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1620 Hollins Street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Harry M. Grady

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-0806

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rissie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30, 1875

8. AGE: Years	Months	Days	If less than one day
66	4	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Doorman

11. Industry or business Theatre

FATHER

12. Name Benjamin Grady

13. Birthplace Maryland

MOTHER

14. Maiden Name Margaret Beall

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md.

18 (a) Funeral director Geo. E. Bayer Jr

(b) Address 1512 Hollins St

19 (a) APR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1942 to 4-13 1942 and that I last saw him alive on 4-13 1942.

Immediate cause of death Carcinoma of Bladder — Duration 3-6 yrs

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald B. Tebb M. D.

Address Balto City Hosp Date signed 4-13-42

VS 3

F 91211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-D

Registered No. F 91211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Annapolis ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Annapolis ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Nojd.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Theo. Nojd
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec. 28-1868
8. AGE: Years 73 | Months 3 | Days 14 | If less than one day — hr. — min.
9. Birthplace Balto. Md (Town, county, state or state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Fredy Barton
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany.

16 (a) Informant Theo. Nojd.
(b) Address 2308 Annapolis ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.
18 (a) Funeral director Geo. A. Lembach
(b) Address 525 N. Lyndhurst
19 (Date received by registrar) APR 14 1942 (Signature of registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 6 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to April 12 1942 and that I last saw him alive on April 12 1942

Immediate cause of death: Bronchopneumonia
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)*
Date of operation:
Major findings of operations:
of autopsy:

Duration: 2 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Schaefer
Address 2301 Annapolis Date signed 4/14/42

VS 3

F 91212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. E 91212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give County)
(d) Street No. 1717 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Maxwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elenora Glover
(b) Address 1717 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 928 Druid Hill Ave

APR 14 1942 Registrar for Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942 at 3:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/14/42

VS 6

F 91213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91213 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 Glyndon Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Glyndon Ave, (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 yrs. years

3 (a) FULL NAME Katherine Pomles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Carl Pomles
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Not Know 1898

8. AGE: Years	Months	Days	If less than one day
About 44			hr. min.

9. Birthplace Austria, Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Not Know
13. Birthplace Poland

MOTHER
14. Maiden Name Not Know
15. Birthplace Poland

16 (a) Informant Mr. Carl Pomles
(b) Address 1328 Glyndon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Grebenchuk Jr
(b) Address 403 S. Washington Ave, Balto

19 (c) Apr 14 1942 (Date received by Registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942, at 6.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1941 to April 11 1942 and that I last saw h[illegible] alive on April 11 1942

Immediate cause of death	Duration
Cardio Vascular Disease	
Due to Arteriosclerosis	1941
Cerebral Hemorrhage	
Due to Arteriosclerosis	1941
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward F. Mclaughlin M. D.
Address 6 E. Lexington Balto Date signed 4-13-42

F 91214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 91214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Morley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10. 1869

8. AGE: Years 72 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Fitzenberger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Reidy
15. Birthplace Ireland

16 (a) Informant Mary Morley
(b) Address 1316 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1427 Light St.

19 (a) APR 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 2 00 M

21. I certify that death occurred on the date above stated, that I attended deceased from March 14 1942 to April 13 1942 and that I last saw [illegible] alive on April 13 1942

Immediate cause of death Myocardial degeneration

Due to

Due to

Other conditions Arteriosclerosis, hypertension, Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John A. Schenuch
Address 1037 S. Charles St Date signed 4/13/42 M. D.

VS 1

F 91215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Mem. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33rd & Calvert (If rural give location) Inside 1973 Windemere Ave, City
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Webster (Birth F 47621)

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Union Mem. Hosp. Baltimore (City, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Edward L. Webster
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Bateman
15. Birthplace Pennsylvania

16 (a) Informant Edward L Webster
(b) Address 1973 Windemere Ave, City

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Carrigan Sons F.H.D.

18 (a) Funeral director
(b) Address

19 APR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 5:01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to April 10 1942 and that I last saw him alive on April 10 1942

Immediate cause of death: Cardiorespiratory failure — Duration —
Due to congenital atelectasis — 2 days
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: congenital atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Hodgson Pearey M. D.
Address 33rd & Calvert St. U. M. Hospital City Date signed 4-10-42

VS 8

F 91216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3301 W. Strathmore Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3301 W. Strathmore Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: MARTHA W DANEKER

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George I. Daneker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1854

8. AGE: Years	Months	Days	If less than one day
88	1	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name John Fletcher Daneker

13. Birthplace Baltimore

MOTHER

14. Maiden Name Mary Carter

15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Clara Wells

(b) Address 3301 W. Strathmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC

(b) Address North & Pa Aves

19 APR 14 1942 (Date Received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942, to April 12 1942 and that I last saw h alive on April 12 1942.

Immediate cause of death	Duration
Cardio renal Vascular Disease	7 days
Due to Myocardial Insufficiency	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. N. Wilson M. D.

Address 617 W. 40th St. Date signed 4/13/42

F 91217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 91217 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3700 Yosemite Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin F. Kattenbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1885

8. AGE:	Months	Days	If less than one day
56 years	3	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Commercial Agt. R.R. Co

11. Industry or business

FATHER
12. Name Frank M Kattenbach
13. Birthplace Pa York

MOTHER
14. Maiden Name Fannie Jones
15. Birthplace Baltimore

16 (a) Informant Bessie Kattenbach
(b) Address 3700 Yosemite Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wm J. Fickus & Sons.
(b) Address North & Pa. Aves.

19 (a) APR 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942; at 8 11 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner M.D.
Date signed 4/13/42

VS 4

F 91218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6424

F 91218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin M. Baumohl

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 28, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	15	hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Wall Paper

11. Industry or business Merchant

FATHER
12. Name Bernard Baumohl
13. Birthplace Hungary

MOTHER
14. Maiden Name Fannie Kessler
15. Birthplace Hungary

16 (a) Informant Louis Baumohl
(b) Address 1525 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) APR 14 1942 (Registrar's signature) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1942 at 10a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1942 to 4/13 1942 and that I last saw him alive on 4/12 1942.

Immediate cause of death	Duration
Pulmonary Edema	36 hr.
Due to Coronary Thrombosis	8 days
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B. Cohen M. D.
Address Sinai Hosp. Date signed 4/14/42

414216

F 91219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91219

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2717 Lanvale Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Varsteg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-67

8. AGE: Years 74 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name J. Herman Varsteg

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Traffgesser

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Apr

(c) Cemetery or crematory Parkwood

Location Balt Co

18 (a) Funeral director H G Sarsahn

(b) Address 740 Belair Rd

19 (a) April 1942 (Date received by registrar) 10 A 6 Dec 2 P M

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942 to April 13 1942 and that I last saw him alive on April 13 1942

Immediate cause of death Meningitis,

Due to Bacteremia

Due to Urinary Tract Infection

Other Conditions Bilateral Bronchopneumonia, Benign Prostatic Hypertrophy, Uremia

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation —

of autopsy Obtained.

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Mohr M.D.

Address Johns Hopkins Hosp. Date signed 4/13/42

VS 3

F 91220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 91220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Jackson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Black 72233

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-5025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1906

8. AGE: Years	Months	Days	If less than one day
36	0	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation brakeman
11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Keys
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16. 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

19 APR 14 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1942 to Apr. 12 1942, and that I last saw him alive on Apr. 12 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos.
Due to
Due to
Other Conditions tbc. laryngitis — Duration: 4 mos.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard C. Calhoun M. D.
Address Balto City Hosp Date signed 4/13-42

F 91221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 School
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 School (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Sullivan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876 - Mar 18

8. AGE: Years	Months	Days	If less than one day
66 65	-	23	hr. min.

9. Birthplace Marion Station Md.
(Town, county, and State)
10. Usual Occupation
11. Industry or business

FATHER 12. Name	Wilson Downes
13. Birthplace	Marion Station Md
MOTHER 14. Maiden Name	Nancy Buckley
15. Birthplace	Worcester Co Md

16 (a) Informant Lennie Mae Pluta Sis
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director Wm. S. Nelson
(b) Address 1303 Bressman St.
19 (a) APR 14 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942 at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to April 11 1942
and that I last saw h alive on April 1 1942
Immediate cause of death Duration
(a) Chronic Myocarditis 2 month
Due to
(b)
Due to
(c)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. H. Lynch
Address 1000 N. Eutaw Date signed April 14

VS 2

M. D. R. 1282-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 91222 — 83-0 F 91222

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Druid Hill ave St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Simmons

(a) Residence: No. 902 Druid Hill ave St., Ward. S.S.-no 215-01-8178

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud C. Simmons

6. DATE OF BIRTH (month, day, year) May 9 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11 10	4 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)* spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Hill Va.

FATHER

13. NAME Wm Simmons

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maud C. Banks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm Simmons

(Address) 1411 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Not Cremated Date 4-16 19 42

19. UNDERTAKER George T. D. Gilpin & Son

(Address) 1735 Druid Hill Ave

20. FILED APR 14 1942 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr-13-, 1942

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 - 1942 to Apr 13 - 1942

I last saw h in alive on Apr 6 - 1942 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/13/42

Other contributory causes of importance:

Arteriosclerosis - Cerebral hemorrhage + hemiplegia 1937-

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 91223 ✓ F 91223

BALTIMORE CITY HEALTH DEPARTMENT

CF 72695 CERTIFICATE OF DEATH 159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brown (Ella) (Birth F- 43968)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-8-42

8. AGE: Years	Months	Days	If less than one day
	1	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Louise McCready
15. Birthplace Md.

16 (a) Informant Records
(b) Address B. C. H.

17 (a) Cremation (b) Date thereof 4-11-42 3 P.M.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) APR 14 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1942 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 19 42 to 3/19 19 42 and that I last saw him alive on 3/19 19 42

Immediate cause of death Septicaemia — Duration

Due to Multiple abscesses

Due to Abscesses of body Internally & Externally Cremated entirely

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackemann
Address Balto. City Hosp. Date signed 3-19-42 M. D.

VS 2

F 91224

BALTIMORE CITY HEALTH DEPARTMENT

JN 72296 CERTIFICATE OF DEATH 159

F 91224 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1939 Lauretta Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy McAllum (Birth F- 45066)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-42

8. AGE: Years | Months | Days | If less than one day: 3 hr. 3 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Samuel McAllum

13. Birthplace North Caroline

MOTHER

14. Maiden Name Rosa Smith

15. Birthplace North Carolina

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore City Hospitals Location 4940 Eastern Avenue

18 (a) Funeral director

(b) Address

19 (c) APR 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/6/1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6/1942 to 3/6/1942, and that I last saw h[illegible] alive on 3/6/1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D.S. Callender

Address Balto City Hosp Date signed 3/6/42

VS 8

F 91225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163-H Registered No. E 91225

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 S Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Divorced

6 (b) Name of husband or wife Carroll George Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1905

8. AGE: Years	Months	Days	If less than one day
36	10	1	hr. min

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Donaldson
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Link
15. Birthplace Germany

16 (a) Informant Mrs. Lillian Seppi
(b) Address 325 S. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Harry H. Wilkes
(b) Address 414 Edmondson Ave

19 (a) APR 14 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 2:05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said I (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death
Influenza Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/12/42 at 9 AM
(c) Where did injury occur? 350 Fulton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Huntington Williams M.D. Medical Examiner
Date signed 4/13/42

VS 6

F 91226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 91226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

8-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1616 E. Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Gray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary L. Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2. 1885

8. AGE: Years	Months	Days	If less than one day
57	I	I0	hr. min.

9. Birthplace Baltimore Md, (Town, county, and state)
10. Usual Occupation Janitor. Public School
11. Industry or business

FATHER
12. Name Charles Gray Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie E. Victor
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs Mary L. Gray.
(b) Address 1616 E. Federal St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave,

19 (a) [redacted] (b) Huntington Williams, M.D.

APR 14 [redacted]
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12. 1942 at M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 16 1942. to March 12 1942. and that I last saw him alive on March 12 1942.

Immediate cause of death	Duration
Due to Myocarditis	
Due to	
Other Conditions Nephritis Chronic (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify) (type of place)
(e) Means of injury

23. Signature Jacob Finkel M. D.
Address 623 N. Wood St. Date signed 4/13/42

PRINT WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

F 91227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-D Registered No. E 91227

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 3rd
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 E Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BRAR KARLSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
39			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 1 - 1942
CAMDEN ST.

18 (a) Funeral director
(b) Address

19 APR 14 1942 (b) Huntington Williams, M.D.
(Date filed by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 19 42 at 6 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute mania	
Due to Psychosis, traumatic	
Due to	
Other Conditions chronic alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Z Wollenmaker M.D.
Medical Examiner
Date signed 4-3-42

F 91228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-P

Registered No. F 91228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-4

3 (a) FULL NAME Raymond Sinclair

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
42				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 14 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 14 1942 Per H. A. Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/42 19.. at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4/42 19.. to 4/11/42 19.. and that I last saw h/h alive on 4/11/42 19..

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed

VS 1

4025

Please write plainly, with pen and ink. Every item must be answered. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91229

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 George St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	COLORED	MARRIED

6 (b) Name of husband or wife IOLA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 5, 1906

8. AGE: Years	Months	Days	If less than one day
35 36	11	8	hr. min.

9. Birthplace REISTERSTOWN, Md. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

PARENTS

12. Name of father WILLIAM A JOHNSON

13. Birthplace of father REISTERSTOWN, Md.

14. Maiden Name of mother SARAH HUGHES

15. Birthplace of mother REISTERSTOWN, Md.

16 (a) Informant Mrs. Iola Johnson

(b) Address 709 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/1942 (month) (day) (year)

(c) Cemetery or crematory St. Lukes

Location Reisterstown, Md.

18 (a) Funeral director Mrs. George W. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) APR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1942 to 4-13 1942 and that I last saw h alive on 4-13 1942.

Immediate cause of death	Duration
Circulatory collapse	
Due to Uremia	1 day
Due to Diabetes mellitus	3 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard F. Kemp M. D.

Address Univ. Hospital Date signed 4-14-42

VS 3

F 91230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 91230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Govt Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 N. Fulton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Hatchett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1902

8. AGE: Years 39 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Portsmouth Va (Town, county, or state)

10. Usual Occupation Real Estate Salesman

11. Industry or business

FATHER
12. Name Wm H. Hatchett
13. Birthplace Va.

MOTHER
14. Maiden Name Virgie Lewis
15. Birthplace Va

16 (a) Informant Earl Hatchett
(b) Address 1431 Fulton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory
Location Portsmouth, Va.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1431 Druid Hill Ave.

19 (a) APR 16 1942 (Date rec'd by Registrar) (b) Registrar Huntington Wilkerson, M.D. Address 6011 Carroll Ave. Date signed 4/16/42

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 April 13 1942 and that I last saw him alive April 13 1942

Immediate cause of death: Arteriosclerosis Nephritis — Duration

Due to Malignant Hypertension

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Harvell M. D.

F 91231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 91231

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3941 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3941 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Kronenberg

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles M
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May.21.1882

8. AGE: Years	Months	Days	If less than one day
59	10	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Pfisterer
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles M Kronenberg
(b) Address 3941 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr.16.1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Balto. Md

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) APR 14 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 6.75 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1942 to April 13 1942 and that I last saw h[illegible] alive on April 13 1942

Immediate cause of death
Cerebral Hemorrhage of Intestines — Duration 1-40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Gray M.D.
Address 6774 Roland Ave Date signed 4/14/42

VS 3

F 91232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91232 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Miles Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 or 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Miles Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Flichman.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles M.
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1874

8. AGE: Years	Months	Days	If less than one day
67	7	12	hr. min.

9. Birthplace Md. (Town, county, or state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Charles M. Flichman
(b) Address 2916 Miles Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 15/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) APR 14 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1942 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942 to April 13 1942 and that I last saw h alive on April 13 1942

Immediate cause of death
(a) Paralysis
Due to
(b) Cerebral Haemorrhage
Due to
Other Conditions

Duration
3 days
wkd
?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (specify type of place)
(e) Means of injury

23. Signature E. E. Richardson M.D.
Address 17 W. 25th St. Date signed Apl 14, 42

VS 3

F 91233

414284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E

F 91233

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E. Croos Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Boyd (Birth F-47175)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-42

8. AGE: Years Months 5wks Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William C. Boyd.
13. Birthplace Delaware

MOTHER 14. Maiden Name Delma Mitchell
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Williams Mc Manick
(b) Address 715 Light St

19 Filed [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 7.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to April 12 1942 and that I last saw him alive on April 12 1942.

Immediate cause of death: Congenital Heart Disease — Duration: Life.
Due to
Due to
Other Conditions: Pneumonia — Duration: over

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Hosp. Date signed 4/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 91234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 91234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Frederick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Sides

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1862

8. AGE: Years	Months	Days	If less than one day
80	3	10	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Daniel
13. Birthplace N. C.

MOTHER
14. Maiden Name Annie
15. Birthplace N. C.

16 (a) Informant Mrs. W. M. Perry
(b) Address Salisbury N. C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)
(c) Cemetery or crematory Chestnut Hill
Location Salisbury N. C.

18 (a) Funeral director Singer & Fraley
(b) Address Fulton + Fayette

19 (a) (b) Huntington Williams Md

APR 1 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/42 19 at 7:11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1942 to 11:00 a.m. 1942.
and that I last saw h[illegible] alive on 4/13 1942 at 7.10

Immediate cause of death (a) Coronary Thrombosis
Due to (b) Arteriosclerosis
C.V.D.
Due to (c)
Other Conditions Robert Sherman
(Syph.)
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Pound M. D.
Address Dr Cyrus Date signed 4/13/42

F 91235 X ✓ F 91235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2238 E. Ritter Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK MILICH

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Sikorski
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	18	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Andrew Milich
13. Birthplace Austria

MOTHER
14. Maiden Name Minnie
15. Birthplace Austria

16 (a) Informant Records*US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof April 14-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Phila Pa
Location

18 (a) Funeral director John Ulmer
(b) Address 2008 Dolphin St

19 (a) APR 14 1942 Huntington Williams, M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1942 at 7:45a.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1942 to April 14, 1942 and that I last saw him alive on April 14, 1942.

Immediate cause of death	Duration
Acute pulmonary edema	48 hr.
Associated with:	
Cardiac disease, coronary arteriosclerosis	6 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature H. Williams M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 4/14/42

VS 3

F 91236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 91236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Reisterstown Rd Apt. 5-2A
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Pumpkin

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	single

6 (b) Name of husband or wife single

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1889

8. AGE: Years	Months	Days	If less than one day
52 52	3	14 18	hr. min.

9. Birthplace Annapolis Md A.A.Co. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business None

FATHER
12. Name Perry Dobson
13. Birthplace Talbot Co.

MOTHER
14. Maiden Name Rachel Willison
15. Birthplace St Margarets

16 (a) Informant Mary Jones
(b) Address 28 Shaw St Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location West St Extended Annapolis Md

18 (a) Funeral director Chas. H. Alexander (per Ethel Riley)
(b) Address 45 Northwest St Annapolis Md

19 (a) APR 14 1942 (Date filed by registrar) Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1942, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy found that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Acute Pulmonary Edema

Due to Chronic Myocardial degeneration

Due to

Other Conditions Chronic Valvular Disease - Mitral - Rheumatic

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

21. Signature Howard J. Chalkley M.D.
Medical Examiner.
Date signed 4-14-42

VS 6

91237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 91237

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Braddish Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Braddish Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Thomas Fenton Ashley

3 (b) If veteran, name war NW

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Anna Ryan Ashley

6 (c) If alien, give [illegible] years

7. Birth date of deceased (mo., day, yr.) June 10 1865

8. AGE: Years 68 | Months 9 8 | Days 30 29 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Mgt. Engineer

11. Industry or business Sanitary Sewer Work

FATHER
12. Name Henry Ashley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Not known
15. Birthplace Maryland

16 (a) Informant Mrs Anna Ashley
(b) Address 1504 Braddish Ave

17 (a) Burial (b) Date thereof 4-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Balto Co.

18 (a) Funeral director William Cook
(b) Address 217 St Paul St

19 (a) APR 14 1942
(Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 14 1942, at 12 o'clock M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1942 to Apr. 14 1942 and that I last saw him alive on Apr. 6 1942.

Immediate cause of death: Cardiac Failure
Acute Dilatation

Due to

Due to

Other Conditions Arterial Sclerosis
Apr. 1942
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E A Smith M.D.
Address 605 W Mount Ave Date signed 4/15/42

VS 1

91238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 91238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3610 Parkside Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) City of
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Park Side Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert A. McWhirter

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-14-8616

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9-1870

8. AGE: Years 71 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace Balto Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Armstrong Cork Co

FATHER
12. Name Archibald McWhirter
13. Birthplace Ireland

MOTHER
14. Maiden Name Matilda Hughes
15. Birthplace Ireland

16 (a) Informant Mary McWhirter
(b) Address 3610 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 17 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore County
Location E. End of North Ave

18 (a) Funeral director William Cook
(b) Address 1317 Ox Paul

19. APR 14 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.

Date signed 4/17/42

91239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. F 91239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1821 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Potts

3 (b) If veteran, name war — 3 (c) Social Security Account No. NA —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1942

8. AGE: Years | Months: 1 | Days: 3 | If less than one day: hr. min.

9. Birthplace Pittsville Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER FATHER
12. Name Lester A Potts
13. Birthplace Omingsburg Md

MOTHER
14. Maiden Name Ruth Collier
15. Birthplace Shellhill Town Md

16 (a) Informant Betty Potts
(b) Address 1821 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (month) (day) (year)
(c) Cemetery or crematory Omingsburg
Location Omingsburg Md

18 (a) Funeral director Wilhoit Co
(b) Address 1319 E Fayette St

19 (a) APR 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1942, at 10:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Bronchio-Pneumonia

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 4-14-42

VS 6

F 91240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91240

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County
(c) City or town San Francisco
(If outside city or town limits, write RURAL and give town)
(d) Street No. 59 Clay Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE DAYTON PEARCE

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 552 09 0171

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1903

8. AGE: Years	Months	Days	If less than one day
38	8	1	hr. min.

9. Birthplace Heber Springs, Arkansas
(Town, county, and state)

10. Usual Occupation AB Seaman

11. Industry or business

FATHER
12. Name Arthur Pearce
13. Birthplace Milan, Tenn.

MOTHER
14. Maiden Name Mary Sires
15. Birthplace Milan, Tenn.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/5/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Ft Meade Md

18 (a) Funeral director Williams Corp
(b) Address 1219 E Pont St

19 APR 14 1942 (Local registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1942, at 5:25 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1942 to April 7 1942, and that I last saw him alive on April 7, 1942.

Immediate cause of death LOBAR PNEUMONIA — Duration 6 Days

Due to

Due to

Other Conditions Fatty degeneration of the liver — Duration Unknown
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Durkin
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/7/42

VS 8

91241

BALTIMORE CITY HEALTH DEPARTMENT 131-a Bench 11th Registered No. F 91241

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) ~~Hospital~~ or institution: Home for Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ruth Aitken

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	4118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ George Aitken
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1855

8. AGE: Years	Months	Days	If less than one day
86	6	16	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Jacob Armacost
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Sarah Murray
15. Birthplace Balto Co. Md.

16 (a) Informant Walter R Worden
(b) Address 2211 Rogers Ave

17 (a) London Park (Burial, cremation, or removal) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) [illegible] St Paul St

19 (a) APR 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1- 1942, to April 12 1942, and that I last saw h E R alive on 4-12- 1942.

Immediate cause of death Chronic Nephritis — Duration 4 yrs
Due to
Due to Arteriosclerosis — 4 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arthur J Davies M. D.
Address 1000 W 33rd Date signed 4/14/42

91242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 So Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel B. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida M. Ward

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1873

8. AGE: Years	Months	Days	If less than one day
68 69	5	13	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business

FATHER 12. Name Samuel B. Ward

13. Birthplace Va

MOTHER 14. Maiden Name Turner

15. Birthplace Va

16 (a) Informant Mrs. Ida Ward

(b) Address 19 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Woodlawn, Md.

18 (a) Funeral director J. Heumann & Son

(b) Address 33 S. Broadway

APR 14 1942 (Date rec'd by Registrar)

(b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 11:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Landenberger M.D. Medical Examiner.

Date signed 4/13/42

VS 6

TAPLAN

F 91243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 91243

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

BLANK RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 Vine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosalie Taplan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/21/1940
8. AGE: Years 2 | Months 1 | Days 20 | If less than one day hr. min.
9. Birthplace New York City (town, county, or state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Thomas Taylor
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Delores Brown
15. Birthplace Balto. Md.

16 (a) Informant Delores Brown (M)
(b) Address 1026 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles H. Harper
(b) Address 514 N. Calhoun St.

19 (a) Apr 15 1942 (b) Burington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942 at 1210 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to April 11 1942 and that I last saw him alive on April 11 1942

Immediate cause of death: Heart failure — Duration: 6 hrs

Due to hyperpyrexia C.V. disease

Due to subacute glomerulo Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy subacute nephritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Rysell M. D.
Address U[illegible] Hospital Date signed 4-17-42

VS 1

F 91244

Mr Baltimore Linden 2243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 — Registration No. F 91241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 Lakeview ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Lakewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Betty Rosenfeld

3 (b) If veteran, name war ~ | 3 (c) Social Security Account No. ~

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jacob Rosenfeld

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Style

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Arthur Rosenfeld
(b) Address 2407 Lakeview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-N-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Leno Inc
(b) Address 1739 E. Balto St

19 APR 15 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 4:13 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941 to Apr. 14, 1942 and that I last saw her alive on April 14 1942.

Immediate cause of death: Adenocarcinoma of Kidney — Duration: 6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Oct. 1941
Major findings of operation: Adenocarcinoma of Rt. Kidney.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Goldstone M. D.
Address 1743 Linden Av. Date signed Apr 15, 1942

VS 8

91243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. E 91243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 E Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1880

8. AGE: Years	Months	Days	If less than one day
61	11	13	hr. min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alick Jeffs
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Giles
15. Birthplace N. C.

16 (a) Informant Martha Eaton
(b) Address 1815 E Chase St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 15 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Littleton N. Carolina

18 (a) Funeral director Mrs R. A. Elliott & Dgt
(b) Address 429 N. Carolina St.

APR 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1942 to 4-13 1942. and that I last saw h[illegible] alive on 4/13 1942.

Immediate cause of death

Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Dropsy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Calvin B. LeCompte M.D.
Address 1113 N Carolina St Date signed 4/19/42

VS 3

F 91246
MAZOR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 91246
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 4670 Pimlico Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Mayor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Abraham Mayor
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah —
15. Birthplace Russia

16 (a) Informant Rose Mayor
(b) Address 4670 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery or crematory, Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 124-26 W. North ave

19 (a) APR 15 1942 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942 to April 14 1942, and that I last saw him alive on April 14 1942.

Immediate cause of death	Duration
Heart Failure	
Due to Coronary Thrombosis & Posterior Infarction	
Due to Arteriosclerosis	
Other Conditions Bronchitis. Pneumonia. Pulmonary Edema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Kenneth Krulewitch M.D.
Address Sinai Hospital Date signed 4/14/42

F 91247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 537 McMechen st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 537 McMechen st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Neal Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-2668

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 6-6-1881

8. AGE: Years 60 | Months 9 10 | Days 7 | If less than one day hr. min.

9. Birthplace Essex County Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Robert Johnson

13. Birthplace Va

MOTHER 14. Maiden Name Peggy Green

15. Birthplace Va

16 (a) Informant Martha Johnson

(b) Address 537 McMechen st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Ama Gymdel Co md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) APR 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 4-13 1942 and that I last saw h, M alive on 4-13 1942

Immediate cause of death Cardiac & Respiratory failure — Duration

Due to Pulmonary Tuberculosis — 3

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis L. Hamm M. D.

Address 2740 Madison Ave Date signed 4-[illegible]-42

VS 3

F 91248
414396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-E

F 91248
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Middle Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena S Miller -

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: HARRY
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 4 - 1892.

8. AGE: Years 50 | Months 1 | Days 7 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name UNKNOWN.
13. Birthplace

MOTHER
14. Maiden Name UNKNOWN.
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 15 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave Huntington Williams, Md

19 (a) APR 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 13 1942 at 6 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1942 to Apr 13 1942 and that I last saw h. alive on Apr 13 1942

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration: 3 days
Due to: Hypertensive Cardio - vascular disease — ?
Due to
Other Conditions: Syphilis — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Quinby Jr.
Address Johns Hopkins Hospital Date signed 4/15/42

VS 3

F 91249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114 P

Registered No. F 91249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lambirth

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-6379

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cora

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 2-15-1893

8. AGE: Years 49 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace N. Carolina (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Calvin Lambirth
13. Birthplace N.C.

MOTHER
14. Maiden Name Emma ?
15. Birthplace N.C.

16 (a) Informant Cora Lambirth
(b) Address 1221 E. Preston St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4 17 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A. Tschiesen
(b) Address 916 Pennsylvania ave

19 (a) APR 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1942 to 4-13 1942, and that I last saw him alive on 4-12 1942.

Immediate cause of death Abscess of Lung — Duration 6 Mo.

Due to —

Due to —

Other Conditions over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raynor Browne M.D.
Address 1500 E. Madison St Date signed 4/14/42

VS 8

Raynor Browne Bank 4841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91250 / 93 E Registered No. E 91250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Cockey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Eliza Burton Hines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1855

8. AGE: Years	Months	Days	If less than one day
86	4	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Claim Clerk -- retired
11. Industry or business Penna. RR.

FATHER
12. Name Covington W. Cockey
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Hall
15. Birthplace Md.

16 (a) Informant Mrs. Eliza H. Cockey
(b) Address 3114 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)
(c) Cemetery St. John's
Location Greenmount Ave. & 31st St.

18 (a) Funeral director George J. Smith
(b) Address 1900 Eutaw Place

19 APR 15 1942 (Date received by registrar) (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Apr 14 1942, and that I last saw him alive on Apr 18 1942.

Immediate cause of death

	Duration
Myocardial insufficiency	
Due to Advanced age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Staunbury M. D.
Address 714 Park Ave. Date signed 4/15/42

VS 8

F 91251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

F 91251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 6 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. STRICKER ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 27 1941

8. AGE: Years	Months	Days	If less than one day
0	4	17	hr. min.

9. Birthplace Portsmouth Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name VIRGIL C. MARTIN
13. Birthplace CARTER CO. KENTUCKEY

MOTHER
14. Maiden Name EDNA L. CARPER
15. Birthplace CARTER CO. KENTUCKEY

16 (a) Informant VIRGIL C. MARTIN
(b) Address 115 N. STRICKER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 16 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location City

18 (a) Funeral director Roth & B. M. Walter
(b) Address Pratt & Stricker Sts

19 APR 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1942 at 9:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13, 1942 to April 13, 1942 and that I last saw h[illegible] alive on April 13, 1942

Immediate cause of death
Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Microscopic examination Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Doris Hartman M.D.
Address Franklin Square Hosp. Date signed 4/13/42

VS 3

F 91252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163-H F 91252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 E. Federal Street
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 E. Federal Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emanuel Bennett

3 (b) If veteran, name war —

3 (c) Social Security Account No 220-07-4620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine Bennett
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 12-1897

8. AGE: Years	Months	Days	If less than one day
44	10	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name William Bennett
13. Birthplace Md.

MOTHER
14. Maiden Name Lankford
15. Birthplace

16 (a) Informant Mrs Catherine Bennett
(b) Address 1424 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore Maryland

18 (a) Funeral director John C. Miller Funeral
(b) Address 2436 E. Oliver Street

19 (a) APR 15 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1942, at 1.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions Postmortem

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-14-42 at 12 Midnight A M
(c) Where did injury occur? 1424 E. Federal St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Inhalation; gas range

23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 4-14-42

VS 6

F 91253

R.L.C.(73818)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91253

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1004 N. Chester Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Alls

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1873

8. AGE: Years 68 | Months 1 | Days 29 | If less than one day: hr. min.

69

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name John P. D alls

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Lucy Fowler

15. Birthplace Virginia

16 (a) Informant Mrs. Rose Dyer.

(b) Address 1004 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location North ave + Milton Ave.

18 (a) Funeral director Howard N. Blight, Jr.

(b) Address 4914 Belair Road

19 (Date received by registrar) APR 15 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1942, to Apr 14 1942, and that I last saw h. alive on Apr. 13 1942.

Immediate cause of death: Bronchial Coronary Thrombosis — Duration 72

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 12 1942

Major findings of operation: Myocardial

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Rose E. Pierpont M. D.

Address Balto City Hosp Date signed Apr 14 1942

VS 8

F 91254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 91254
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 11 7/or/41
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 757 N. Lafayette St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Amelia Custy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David Custy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

Years	Months	Days	If less than one day
65			min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nat known
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Welfare
(b) Address City Hall Balto Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location O'Donnell St
18 (a) Funeral director Walter Brooks Bradley
(b) Address 1917 E. Monument St
19 (a) APR 15 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942, to April 11 1942, and that I last saw her alive on April 11 1942.

Immediate cause of death Myocarditis — **Duration**

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Futterman M.D.
Address 2324 Reisterstown Rd Date signed 4/17/42

VS 3

F 91255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 91255

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 W. Lafington St

(c) Hospital or institution: Aged Women's & Aged Men's Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 W. Lafington St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph Osborn Martin

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1857

8. AGE: Years	Months	Days	If less than one day
84	3	13	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired (?)

11. Industry or business

FATHER

12. Name Unknown ?

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace ?

16 (a) Informant Aged Women's & Aged Men's Home

(b) Address 1400 W. Lafington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15 1942 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore, Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 APR 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18/1932 to 3/15/1942, and that I last saw h im alive on 4/12/1942.

Immediate cause of death: Hypertensive cardio-vascular renal disease.

Duration: 7 years.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas B Jarrell M.D.

Address 1115 St. Paul St. Date signed 4/14/42

VS 3

City.

F 91256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 91256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Washington Blvd. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER HIGDON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-1458

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1880

8. AGE: Years	Months	Days	If less than one day
61	5	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name James Higdon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna R. Carson
15. Birthplace Balto. Md.

16 (a) Informant Estella M. Disney
(b) Address 3113 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md

18 (a) Funeral director A. S. Tittle
(b) Address 2700 Edmondson Ave

19 (a) APR 15 1942 (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration
Due to Fracture of femur
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 16 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury slipped on ice & fell
23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 4-15-42

F 91257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-c

Registered No. F 91257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Sy Lexington Ave (If rural give location)
(e) Without the limits of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marianna Klaczynski Kleszczewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Ludwik

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1852

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Kobylin Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name — Chrzanocki
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant William Kleszczewski
(b) Address 412 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Mt Carmel Road

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 1608 Eastern Ave

APR 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Bronchogenic Carcinoma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 4/13/42

F 91258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 91258 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Southfield Place
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City.
(c) City or town Balto. City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Sothfield Place. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXXXXXXXXX

3 (a) FULL NAME William Linthicum Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	213-03-2841

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Eliz. Wells Thomas
6 (c) If alive, give age XXX years

7. Birth date of deceased (mo., day, yr.) July 8, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	6	hr. min.

9. Birthplace Baltimore - Maryland (Town, county, and state)
10. Usual Occupation Ass't. City Editor of the
11. Industry or business Sunpapers

FATHER
12. Name Samuel Thomas
13. Birthplace A. A. County., Md.

MOTHER
14. Maiden Name May Carson
15. Birthplace Frederick Co., Md.

16 (a) Informant Mrs. Annie M. K. Wells (mother-in-law)
(b) Address 3 Southfield Place, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (month) (day) (year)
(c) Cemetery or crematory St. Stephens Cmetery
Location Bradshaw, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W. F. Worden-Suc.)

19 (a) APR 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1942, at 9.50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquest thereon and from the evidence obtained by said Autopsy + Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gunshot Chest -	
Due to Working Wound	
Due to	
Other Conditions Duodenal ulcer	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-14-42 at 9.30 A M
(c) Where did injury occur? 3 Southfield Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Gun-shot.
23. Signature Howard J. Mowen M.D. Medical Examiner.
Date signed 4-14-42

VS 6

F 91259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-D

F 91259

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fountain Ave.
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Overlea & Club Terra Towers
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Nelson Bond (MARION Nelson Bond)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mrs Katherine Bond

Catherine G. Bond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1887

8. AGE: Years 54 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Balto. Md.
(Town, county, and state)

10. Usual Occupation Insurance Broker

11. Industry or business

FATHER
12. Name Richard Bond
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Young
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Katherine Bond
(b) Address Fairmount Club Terra Towers

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-16-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOOLEN SUC.) 100 W. NORTH AVENUE

19 (a) APR 15 1942 (Delivered to registrar) **(b)** H. Huntington Williams, M.D. **Address**

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1942 at 7:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-1942 to 4-14-1942 and that I last saw h[illegible] alive on 4-14 1942.

Immediate cause of death Respiratory failure.

Due to Chronic Emphysema Pulmonary TBC?

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Huntington Williams M.D.
Address Church Home & Infirmary **Date signed** 4-15-42

VS 3

F 91260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-a

F 91260

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Mt. Holly St. (If rural, give location)
(e) Citizen of foreign country? Partial papers (Yes or No) If yes, name country

3 (a) FULL NAME Louis Joseph Delpicolo

3 (b) If veteran, name war

3 (c) Social Security Account No. ? 217-07-8779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen Hentze Delpicolo
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March 15, 1890

8. AGE: Years	Months	Days	If less than one day
52	0	27	hr. min.

9. Birthplace Italy (City, county, and state)
10. Usual Occupation Chef
11. Industry or business Lehrer Restaurant

FATHER
12. Name Louis Joseph Delpicolo
13. Birthplace Italy

MOTHER
14. Maiden Name Ursula Nonis
15. Birthplace Italy

16 (a) Informant Wife - ?
(b) Address 808 Mt. Holly St. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Storck & Sons Inc.
(b) Address 1301 E. Eager St.

19 APR 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1942 to 4/12 1942 and that I last saw him alive on 4/12 1942.

Immediate cause of death Cachexia — Duration: 1yr

Due to Hypernephroma — Duration: 6 years

Due to

Other Conditions Generalized metastasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M.D.
Address Johns Hopkins Hosp. Date signed 4/14/42

VS 2

F 91261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. F 91261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Found in Patapsco Harbor
(c) Hospital or institution: Foot of Mills Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Dallas Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Crowe

3 (b) If veteran, name war —

3 (c) Social Security Account No. 247-01-0621

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Separated

6 (b) Name of husband or wife Josephine Crowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1897

8. AGE: Years	Months	Days	If less than one day
44	11	19	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Julius Crowe
13. Birthplace N. C.

MOTHER
14. Maiden Name Jane Miller
15. Birthplace N C

16 (a) Informant Mary Mears
(b) Address 1404 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Hanlsley ave

19 APR 15 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1942, at A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24 | 1
(a) Accident, suicide, or homicide Found Drowned
(b) Date of occurrence About 3-28-42 at — M
(c) Where did injury occur? Found in Patapsco Harbor
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Drowning

23. Signature Howard J. Harden M.D.
Medical Examiner.
Date signed 4-14-42

VS 6

F 91262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 91262

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 North Ann Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

6 4

3 (a) FULL NAME JOHN HENRY HAWKINS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years 50 | Months 0 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Hawkins
13. Birthplace Talbot County, Maryland.

MOTHER
14. Maiden Name Annie Griffin
15. Birthplace Talbot County, Maryland .

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1600 Brantley ave

19 APR 15 1942 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1942, at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 28, 1942, to April 11, 1942, and that I last saw him alive on April 11, 1942.

Immediate cause of death	Duration
UREMIA--------	3 weeks
Due to CHRONIC NEPHRITIS	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Williams M. D.

Address U. S. Marine Hospital Date signed 4/13/42
Baltimore, Maryland.

F 91263

BALTIMORE CITY HEALTH DEPARTMENT 130

CERTIFICATE OF DEATH

F 91263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Miller st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 1627 Miller st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Spicer

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Color	5. Color or race	6 (a) Single, married, widowed, or divorced.
Negro	C	Widow

6 (b) Name of husband or wife Silas Spicer -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1889

8. AGE: Years	Months	Days	If less than one day
52	10.	20	hr. min.

9. Birthplace Wilmington, N. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Jerry White
13. Birthplace N.C.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Nelson Legay
(b) Address 1627 Miller st

17 (a) Burial (b) Date thereof April 15 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 600 E Lafayette ave

19 APR 15 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1942 at 12.20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 2 1942 to April 13 1942
and that I last saw h[illegible] alive on April 12 1942

Immediate cause of death Acute Intestinal Nephritis — Duration April 7

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo S Gallard MD
Address 121 E Biddle st Date signed 4-13-42 D.

VS 2

F 91264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-L F 91264
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 653 W. Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Virginia
(town, county, and state)

10. Usual Occupation Odd jobs

11. Industry or business

FATHER
12. Name Married
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Townsend
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) ~~UNIVERSITY MEDICAL SCHOOL~~ APR 14 1942
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 15 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) 9025

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1942 to 4/7 1942 and that I last saw h. ~~was~~ alive on 4/7 1942.

	Duration
Immediate cause of death Stroke	
Due to Coronary Thrombosis	3 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Sheldon M. D.
Address April 13, 42 Date signed

F 91265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 91265
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 4109 St. Thomas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERBERT M. GRIFFIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1923

8. AGE: Years 18 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Balto. City College Student

11. Industry or business

FATHER
12. Name Felix A. Griffin
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Bertha Fricks
15. Birthplace Balto. Md

16 (a) Informant Mrs Bertha Griffin
(b) Address 4109 St. Thomas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 42 (mo.) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1424 Light St

19 (a) Filed APR 15 1942 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said A (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Hemorrhage

Due to Bullet wound of abdomen

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation 4-17-42

Major findings of operation: An abscess

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 27/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-17-42 at 8 P.M.
(c) Where did injury occur? Woods N of 40th & Hoodmans Lane. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] While at work? No (Specify type of place)
(e) Means of injury Accidental discharge of rifle

23. Signature H. L. Williamsworth M.D. Medical Examiner.

Date signed 4-15-42

F 91266 BALTIMORE CITY HEALTH DEPARTMENT F 91266
CERTIFICATE OF DEATH 131-0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 E. Clement St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1878

8. AGE: Years	Months	Days	If less than one day
64	2	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Steel Cleaner

11. Industry or business

FATHER
12. Name Joseph Morgan
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Rachel Schuman
15. Birthplace Balto. Md

16 (a) Informant Charles Morgan
(b) Address 520 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md

18 (a) Funeral director Maurice J. Flynn
(b) Address [illegible] Light St.

19 (a) APR 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 7.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942 to April 15 1942 and that I last saw him alive on April 15 1942

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Heart disease	
Due to	
Other Conditions Generalized Arteriosclerosis Gangrene right leg - Hemorrhagic Nephritis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: Arteriosclerotic Heart disease gangrene right leg
of autopsy: Hemorrhagic Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M.D.
Address St. Josephs Hosp. Date signed 4/16/42

VS 8

F 91267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a F 91267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 N. Carrollton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Several yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) NAME William Church
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male 5. Color or race 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lucy Church
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) 1895
8. AGE: Years 47 Months Days If less than one day hr. min.
9. Birthplace Eastern Shore Md (Town, county, and state)
10. Usual Occupation Grocery Merchant
11. Industry or business

FATHER
12. Name Herring Church
13. Birthplace Md

MOTHER
14. Maiden Name Lucke
15. Birthplace Md

16 (a) Informant Lucy Church
(b) Address 928 N. Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St. Huntingtown Williams, M.D. Registrar
19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1942 at 12 10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to April 12 1942 and that I last saw him alive on April 11 1942
Immediate cause of death Cerebral Hemorrhage — Duration
Due to
Due to Hypertension 2 months
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Gudelsone M. D.
Address 1131 Harlem Ave Date signed 4/15/42

F 91268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 91268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Sterling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Sterling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin McCoy (Ben)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-05-8434

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1891

8. AGE: Years 50 Months 9 Days 10 If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John McCoy.

13. Birthplace N. C.

MOTHER 14. Maiden Name Eliza Farmer

15. Birthplace N. C.

16 (a) Informant Thomas McCoy (Bro.)

(b) Address 824 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Caroline St.

APR 15 19[illegible] Registered by Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1942 to April 14 1942, and that I last saw h. alive on Apr. 14 1942

Immediate cause of death

Acute Myocarditis

Due to Lobar Pneumonia

Due to La Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 Days
1 week
3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. L. Lewis M. D.

Address 1420 E. Chase Date signed Apr. 14 '42

F 91269

BALTIMORE CITY HEALTH DEPARTMENT 108

CERTIFICATE OF DEATH

Registered No. F 91269

PRINT NAME PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Druid Pk. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Walter Thornton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Catherine Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Gloucester Co. Va. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant John F. Thornton
(b) Address 2323 Division St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-15-42 (month) (day) (year)
(c) Cemetery or crematory Gloucester Co.
Location Virginia

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) APR 15 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 12 1942 at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1942 to Apr. 12 1942 and that I last saw him alive on Apr. 12 1942

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp Date signed 4/12/42

VS 3

F 91270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

F 91270 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount & Hollins Sts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister Mary Emmanuel McKenzie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	3	2d		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Nun

11. Industry or business

FATHER
12. Name George McKenzie
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Ellis
15. Birthplace Unknown

16 (a) Informant Sister Mary Good Shepherd
(b) Address Mount & Hollins

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Foley Sons
(b) Address 121 Light St.

19 APR 15 [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 8:12 AM

21. I certify that death occurred on the date above stated, that I attended deceased from March 17 1942, to April 14 1942, and that I last saw her alive on April 14 1942.

Duration
minutes
over

Immediate cause of death

Due to Pleural perforations

Due to Multiple ulcerations

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy As above

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sister Dorothea Brown, M.D.
Address Mercy Hospital Date signed April 14, 1942

F 91271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 91271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Mc Elderry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Crawford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1898

8. AGE: Years 44 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Alabama (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Ala

MOTHER 14. Maiden Name Unknown

15. Birthplace Ala

16 (a) Informant Bessie Allen

(b) Address 1605 Mc Elderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 16 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location R. R. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 [illegible] Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12-1942 at 8.45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4-5-1942 to 4-12-1942 and that I last saw h[illegible] alive on 4/12 1942.

Immediate cause of death: Lobar Pneumonia

Due to: with Pleurisy and

Due to: Colds + Exposure

Due to:

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Hyde M. D.
Address 1327 E. Centre St Date signed 4-14-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 8

F 91272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. F 91272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 St. Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 St. Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret H. Baxter

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NINE
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct 15 1882
8. AGE: Years 59 | Months ✓ | Days 28 | If less than one day: hr. min.
9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business
FATHER 12. Name Richard B Bayley
13. Birthplace Balt Md
MOTHER 14. Maiden Name Nathie Bayley
15. Birthplace Balt Md
16 (a) Informant Miss Margaret Tolly
(b) Address 6314 Eversall Ave
17 (a) Burial (b) Date thereof 4/16/42
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery Mt Carmel
Location Balto. Md.
18 (a) Funeral director William Doyle
(b) Address 1217 St. Paul St.
19 APR 16 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1942, at 1:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1941 to Ap 13 1942
and that I last saw her alive on Ap 13 1942
Immediate cause of death Cerebral Embolism
Due to following Myocarditis
Due to Hypotension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations X
of autopsy: none

Duration: 3 days / 9 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place)
(e) Means of injury X
23. Signature Otto H Duke M.D.
M. D.
Address 928 E. North Ave Signed 4/15/42

V2 1

Please write in ink. Avoid abbreviations. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91273 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 Woodlawn Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 Woodlawn Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel J Bloxom

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary Elizabeth Bloxom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, & yr.): June 24 1857 Mary E
8. AGE: Years 86 | Months 4 | Days 19 | (If less than one day) hr. min.
9. Birthplace: Accomac Co Va (town, county, and state)
10. Usual Occupation: Retired Shoe Business
11. Industry or business:

FATHER
12. Name: Edward G Bloxom
13. Birthplace: Va

MOTHER
14. Maiden Name: Jane Bailey
15. Birthplace: Va

16 (a) Informant: Miss Jennie Brown
(b) Address: 326 Woodlawn Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: Wm Cook
(b) Address: 1219 E Fayette St

19 (a) Filed (Date received by registrar) APR 20 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 1 30 M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 7 1942 to April 16 1942, and that I last saw him alive on Apr. 15 1942.

Immediate cause of death: Broncho Pneumonia — Duration: 8 days
Due to: Senile arterio sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Gibson Porter
Address: 4822 Roland Ave Date signed: 4/15/42 M.D.

F 91274 BALTIMORE CITY HEALTH DEPARTMENT 94-a F 91274

CERTIFICATE OF DEATH

Registered No.

The information should be carefully supplied. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 E. 22nd Street, Balto. Md.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN CUSTDS SPENCER

3 (b) If veteran, name war —
3 (c) Social Security Account No. 219-09-9227

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva Towers
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 22, 1878

8. AGE: Years	Months	Days	If less than one day
63	8	23	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business Seafaring

FATHER
12. Name Allen Spencer
13. Birthplace Freeport, Kentucky

MOTHER
14. Maiden Name Priscilla King
15. Birthplace Princess Anne, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory Denton
Location Denton, Caroline Co., Md.

18 (a) Funeral director William Carl
(b) Address 127 St. Paul St

19 (a) (Signature of Registrar) (b) Registrar
APR 16 1942
VS 1 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1942 at 4:05a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1942 to April 15, 1942, and that I last saw h im alive on April 15, 1942

Immediate cause of death	Duration
Pulmonary edema	Unk.
Due to Myocardial infaretion	1 week
Due to Coronary thrombosis	1 week
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Martin M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 4/15/42

F 91275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91275 Registered No. 131-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 McAleer Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 McAleer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Brauer

3 (b) If veteran, name war NV
3 (c) Social Security Account No. NONE

4 Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband ~~or wife~~ Charles Brauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9th 1874

8. AGE: Years 67 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Rabin
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Unknown
15. Birthplace Austria

16 (a) Informant Anna Rauber
(b) Address 29 Davis Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director McGowan Bros
(b) Address 127 S. Bond St

19 (a) APR 16 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1942 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1942 to 4/15 1942, and that I last saw her alive on 4/15 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 da.
Antecedent: Arterio-sclerosis Cardio-Vascular — ?
Due to: Renal Disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S. Bloom, MD
Address 120 E. Preston St. Date signed 4/15/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91276

F 91276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hours
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Fleet St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Stanislaw (Stanley) Szymczeski

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-2085

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Szymczeski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 66 | Months — | Days — | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mary Szymczeski
(b) Address 1830 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (months) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Orzechowski
(b) Address 1930 Eastern Ave.

19 (a) APR 16 1942 Registrar (b) Filed Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1942 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1942 to 4/14 1942 and that I last saw h alive on 4/14 1942

Immediate cause of death: Heart Failure — Duration 5 years

Due to: Hypertension Cardio Vascular Disease — Duration 5 years

Due to:

Other Conditions: Possible Carcinoma of Head of Pancreas
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Tongeken
Address St Joseph's Hospital Date signed 4/14/42

The cause of death, name of informant, etc., are important items of information and should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91277 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 W. Mulberry St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Alston

3 (b) If veteran, name war

3 (c) Social Security Account No. 107-14-1361

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Rosalee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-1913

8. AGE: Years	Months	Days	If less than one day
29	3	8	hr. min.

9. Birthplace Halifax Co. N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Hilliard Austin
13. Birthplace N. C.

MOTHER
14. Maiden Name Alice Turner
15. Birthplace N. Car.

16 (a) Informant Rosalee Alston
(b) Address 722 W Mulberry St.

17 (a) Burial, cremation, or removal (b) Date thereof 4 16 42 (month) (day) (year)
(c) Cemetery or crematory Lillington N C
Location
18 (a) Funeral director Adolphus Pollard
(b) Address 918 Druid Hill Ave.
19 (a) APR 15 1942 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-42 19 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1942 to 4-14 1942, and that I last saw h[illegible] alive on 4-14 19 42

Immediate cause of death: Pneumonia — Duration: 1 week

Due to: — Duration: over

Due to:

Other Conditions: Pneum. bacteremia
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Williams M. D.
Address Univ. Hospital Date signed 4-15

V8 2

F 91278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-a

F 91278 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 Hampton St.
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Leo St. E. Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK HOEFEL

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-03-6703

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10th 1903

8. AGE: Years	Months	Days	If less than one day
39		5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Hardware & Paint

FATHER
12. Name Charles F. Hoefel
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Brown
15. Birthplace Germany

16 (a) Informant August Hoefel
(b) Address 3623 Leo St. East Brooklyn

17 (a) (Burial, cremation, or removal) (b) Date thereof April 17 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location

18 (a) Funeral director L. Schlymann & Son
(b) Address 1039 Hanover St. Baltimore, Md.

19 (a) APR 16 1942 Huntington Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 7 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-15-42 M
(c) Where did injury occur? 1041 Captain St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Rope attached to stationary

23. Signature H. J. Walker M.D. Asst. Medical Examiner.
Date signed 4-16-42

VS 6

F 91279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N

Registered No. F 91279

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 N. Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 513 N. Parrish St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Harrod Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elzie Snowden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 - 1906

8. AGE: Years 35 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Glenburnie Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Norman Harrod

13. Birthplace Md

MOTHER 14. Maiden Name Mary Snowden

15. Birthplace Md

16 (a) Informant Elzie Snowden

(b) Address 513 N. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location C. A. Co. Md.

18 (a) Funeral director Saml. H. Chase & Son

(b) Address 638 N. Gilmor St.

19 Filed APR 16 1942 Registrar

Burlington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 14 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1942 to 4/14 1942 and that I last saw h[illegible] alive on 4/14 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. N. Pifer M.D.

Address 1536 W. Lanvale St Date signed 4/17/42

ADCo. 1-15 2000

F 91280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-B F 91280

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Brantley Ave St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie V. Gurry

(a) Residence: No. 1003 Brantley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 4/28/1867

7. AGE — Years: 72 | Months: 11 | Days: 17 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Geo. Brown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John Gurry 1803 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Zion Cem. Date: 4/19 19 42

19. UNDERTAKER: Geo. G. Kelsey (Address) 1363 Pennsylvania Ave

20. APR 16 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1942 to April 15, 1942

I last saw him alive on April 14, 1942 death is said to have occurred on the date stated above, at 7:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis & Complications (Mitral Stenosis & regurgitation)	Jan 9

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. O. Stewart M. D.

(Address) 628 W. Franklin St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

414071
F 91281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 130

F 91281
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HARFORD
(c) City or town ROCKS
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM CAGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-26

8. AGE: Years	Months	Days	If less than one day hr.	min.
16	1	9		

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation STUDENT

11. Industry or business

FATHER
12. Name LEROY E CAGE
13. Birthplace Md

MOTHER
14. Maiden Name MARY MOORE
15. Birthplace Md.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/16/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Abingdon
Location Abingdon, Harford Co. Md.

18 (a) Funeral director H. K. McConage
(b) Address Abingdon, Md.

19 APR 16 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 14 1942, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 5 1942, to APR 14 1942, and that I last saw him alive on APR 14 1942.

Immediate cause of death	Duration
(a) acute glomerular nephritis	2 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: acute glomerular nephritis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 4/16/42

If any of the above items are unknown, such shall be stated. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 91282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1370 Eight a m
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 1370 Eight a m
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Catherine Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace King & Queen Co. Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jerry Hill
13. Birthplace Va

MOTHER
14. Maiden Name Lena
15. Birthplace Va

16 (a) Informant Mrs. Nannie Anderson
(b) Address 1325 Edmondson Ave

17 (a) Burial (b) Date thereof 4-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Lydia A. Williams
(b) Address 322 N. Edmondson Ave

19 APR 16 1942 Lydia A. Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942, at 1105 M

21. I certify that death occurred on the date above stated, that I attended deceased from April 6 1942 to April 12 1942, and that I last saw her alive on April 12 1942.

Immediate cause of death: Cerebral Hemorrhage

Duration 6 hr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Date signed 4-15-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or information should be carefully supplied. The

VS 8

F 91283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91283 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 Ilchester Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Ilchester Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amalia Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John H Meyers (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 30 1861

8. AGE: Years 80 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Available

13. Birthplace " "

MOTHER 14. Maiden Name " "

15. Birthplace " "

16 (a) Informant Mrs Mildred Einel

(b) Address 415 Ilchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore Md

18 (a) Funeral director George A Fuhrman

(b) Address Fulton & Fayette

19 (a) APR 16 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1941 to April 14 1942 and that I last saw h[illegible] alive on April 14 1942

Immediate cause of death: Cardiac Failure — Duration 24 hours

Due to: Arteriosclerotic Heart Disease — 10 yrs.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Hummelsheim M.D.

Address 5444 Belair Rd Date signed 4/15/42

VS 3

F 91281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91284

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caston + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 S. Hilton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Josephine M Plack

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-1304

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George A Plack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/1888

8. AGE: Years 53. Months 9 Days 17 If less than one day: hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Demonstrator

11. Industry or business Mangel Co

FATHER
12. Name Abraham Overmyer
13. Birthplace Ohio

MOTHER
14. Maiden Name Josephine Van Metr.
15. Birthplace Ohio

16 (a) Informant George A. Plack
(b) Address 29 S. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. R. Wippert & Son
(b) Address 1300 Eutaw Place

Registered 4-16-1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1942, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 1941, to 4/14 1942, and that I last saw he alive on 4/14 1942.

Immediate cause of death: Carcinoma of pancreas — Duration: 5 D.c.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 11/19/41

Major findings of operation: Cholecystectomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J R Dungan M.D.

Address St Agnes Hosp Date signed 4/14/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91285

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3525 Caton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3525 Caton Ave
(If rural give location)
20-7
(Citizen of foreign country?) No. (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE BELTZ

3 (b) If veteran, name war: --

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ottilie K. Beltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1880

8. AGE: Years	Months	Days	If less than one day
61	7	24	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Police
11. Industry or business Baltimore City Dept.

FATHER
12. Name John Beltz
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Ottilie K. Beltz (wife)
(b) Address 3525 Caton Ave.

17 (a) Burial (b) Date thereof 4/15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Eastern Ave. Maryland

18 (a) Funeral director J. B. Wippert & Son.
(b) Address 1300 Eutaw Place.

19 (a) MAY 1942 Huntington Williams, M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13-42 19 at 5:8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 19 42 to April 13 19 42, and that I last saw him alive on April 13 19 42.

Immediate cause of death
Bilateral Lobar Pneumonia — Duration 6 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholas L. Bonelli
Address 4213 Frederick Rd Date signed 4/16/42

F 91286 BALTIMORE CITY HEALTH DEPARTMENT F 91286

CERTIFICATE OF DEATH

413580 46-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Richmond
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 15½ ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer A. Weisbrod

3 (b) If veteran, name war V

3 (c) Social Security Account No. 308-18-0433

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Blanche M. Weisbrod

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Apr 21 1882

8. AGE: Years 59 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation President

11. Industry or business Coca-Cola Co.

FATHER
12. Name Henry Weisbrod
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 42 (month) (day) (year)
(c) Cemetery or crematory St Pauls
Location Richmond, Indiana

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 APR 16 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 26 1942 to April 15 1942 and that I last saw him alive on April 15 1942.

Immediate cause of death Heart failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/14/42

Major findings of operation: Ca of Esophagus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Pickrell

Address Johns Hopkins Hospital Date signed Apr 16 42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91287 CERTIFICATE OF DEATH ✓ 131-a F 91287

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Denison St. 16-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louis Christian Flinch

If U. S. Veteran specify WAR _____

(a) Residence: No. 608 Denison St., Ward 16-8

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine Wright Flinch

6. DATE OF BIRTH (month, day, year) May 29, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Unknown Flinch

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Katherine Meyer

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Mrs. Catherine W. Flinch

(Address) 608 Denison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date April 18 1942

19. UNDERTAKER Wm. E. Tickner & Sons

(Address) North & Pennsylvania Aves.

20. FILED ____ 19____

Registrar.

APR 16 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1941 to April 14, 1942

I last saw him alive on April 13, 1942. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day
due to Arteriosclerosis	2 yrs.
Other contributory causes of importance:	
Chronic Nephritis	2 yrs.

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) Huntington Williams M. D.

(Address) 207 E. Fort Ave.

Huntington Williams, M.D.

If CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 91288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 942

F 91288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution Cranford Nursing Home
(d) Length of stay in hospital or inst., (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Reid Stasch

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nettie Malambre Stasch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1872

8. AGE: Years 69 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Watchmaker & Jeweler.

11. Industry or business

FATHER
12. Name Edward N. J. Stasch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Eustace Campbell
15. Birthplace Baltimore

16 (a) Informant Mrs. Nettie M. Stasch
(b) Address 2900 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address South & La. Aves.

19 [redacted] Huntington Williams, M.D.

APR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 19 42 to April 15 19 42 and that I last saw h[illegible] alive on April 15 19 42

Immediate cause of death Coronary Sclerosis

Due to Generalized arteriosclerosis.

Due to senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address 3045 W. North Ave. Baltimore, Md.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 91289 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3709 Elkader Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [illegible] Brittingham HELEN VIRGINIA BRITTINGHAM

3 (b) If veteran, name war: **

3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Russell A. Brittingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1902

8. AGE: Years	Months	Days	If less than one day
39	10	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name E. Hall Leonard
13. Birthplace Easton Md.

MOTHER
14. Maiden Name Hilda L. Roberts
15. Birthplace Baltimore Md.

16 (a) Informant Russell Brittingham
(b) Address 3709 Elkader Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wm. J. TIERNER & SONS
(b) Address North & Pa Ayes

19 (a) [illegible] Huntington Williams, M.D. Registrar
(Date received by registrar) APR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 1942, at 1408 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1942, to Apr. 15 1942, and that I last saw her alive on Apr. 14 1942.

Immediate cause of death
? Dysentery
? Enteritis
Due to ? Ruptured Appendix

Duration 8 da. est.

Due to

Other Conditions Heart Failure 2 da.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Evan E. Goodman Jr. M. D.
Address Franklin Square Hospital Date signed 4/15/42

VS

F 91290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91290 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1414 Eutaw Place

(c) Hospital or institution: Florence Nightingale Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 422 S Ann St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Margaret C. Kaiser

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John George Kaiser

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 12/21/1863

8. AGE: Years 78 | Months 3 | Days 17 | If less than one day: hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name ? Koffenberger

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace " "

16 (a) Informant George H. Kaiser

(b) Address 1623 Lakeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)

(c) Cemetery or crematory Greenlief

Location Wm. J. Luckett & Sons.

18 (a) Funeral Director's name Smith & La Anse

(b) Address [redacted]

19 Filed APR 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 4:41 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1941 to April 14 1942, and that I last saw h[illegible] alive on April 13 1942.

Immediate cause of death: Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Tuttleman M. D.

Address 2324 Eutaw Pl. Date signed 4/16/42

F 91291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 467

Registered No.

F 91291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W Lafayette Ave
(c) Hospital or institution: Miss Judge's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Baltimore Elm Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pennington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rica Zentgraf

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Otto

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1867

8. AGE: Years	Months	Days	If less than one day
74	3	25-24	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation H W

11. Industry or business —

FATHER
12. Name John Stoecker
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth Grabill
(b) Address 204 S Bouldin St

17 (c) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)

(c) Cemetery or crematory London Park
Location 3901 Frederick Ave

18 (a) Funeral director William M Marack
(b) [redacted] St

19 (Date rec'd by registrar) Registrar

APR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 2 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1941 to April 14 1942 and that I last saw h alive on April 12 1942

Immediate cause of death	Duration
Carcinoma of the Rectum	8yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William D. Scott
Address 4815 Pennington Ave Date signed April 15 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91292 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raborad + Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town GLEN BURNIE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5th Ave North. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lillie WALKER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Holland L

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 12 1900

8. AGE: Years	Months	Days	If less than one day
42		2	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Thomas Cunningham
13. Birthplace Canada

MOTHER
14. Maiden Name Annie Baker
15. Birthplace Canada

16 (a) Informant Mrs. Holland LeRoy Walker
(b) Address 5th Ave North Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Moreck
(b) Address 764 Light St Baltimore Md

19 APR 15 1942 Lexington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1942 at 7:50PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1942 to 4-12 1942 and that I last saw h alive on 4-12 1942

Immediate cause of death Intracranial Hemorrhage — Duration 4 days

Due to Hypertensive Heart Disease — Duration 4 yrs.

Due to Congestive Failure — Duration 2 days

Other Conditions Pul. Tuber. — Duration 1 yr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Harrison Finlayson Jr. M.D.
Address University Hospital Date signed 4-13-42

F 91293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 6

F 91293 Registered No.

Prepare typewritten, with permanent ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Rutland (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Helen Slagman ✓ 10

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Married	?	years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1901

8. AGE: Years	Months	Days	If less than one day
41	3	14	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jos. Setempf
13. Birthplace Cleveland, O

MOTHER
14. Maiden Name Rae Galaton
15. Birthplace Balt.

16 (a) Informant Mercy Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. City

18 (a) Funeral director John J. Logan
(b) Address Balto. Md

19 (Signature of local registrar) Hunting Wilson M.D.

APR 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 19 42, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 19 42 to 4-15 19 42 and that I last saw him alive on 4-15 19 42

Immediate cause of death: Bronchopneumonia, terminal & infectious — Duration: 4 days
Due to: Meningococcus Meningitis
Due to:
Other Conditions: Dehydration, Anemia, Cachexia (Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tracy P. Spencer Jr.
Address Mercy Hosp. Date signed 4/15/42

F 91294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

Registered No. F 91294

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 N. Carlin's St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 McCabe Av. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CARVILLE HOEFLING

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-10-9747
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 25-1911
8. AGE: Years 31 Months · Days 20 If less than one day hr. 19 min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Glen L. Drapkin Co.

FATHER
12. Name Joseph J. Hoefling
13. Birthplace Ger.

MOTHER
14. Maiden Name Nellie Ahern
15. Birthplace Ire.

16 (a) Informant Mrs Nellie Hoefling
(b) Address 508 Mc Callum

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location Old Frederick Rd. Balto

18 (a) Funeral director John J. Morden
(b) Address 3000 E. Balto St.

19 (a) APR 16 1942 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14/ 1942, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19/ 1942, to 4/14/ 1942, and that I last saw h[illegible] alive on 4/14/ 1942.

Immediate cause of death: Liver cirrhosis — Duration: 3 days
Due to (Caused by): Not sent to Obrien
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Tompsett
Address St. Joseph's Hospital Date signed 4/14/42

F 91295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 91295
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found floating in Canton
(b) Street address
(c) Hospital or institution: foot of Hawkins St

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 S. Rose St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CASIMIR PANEK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4270

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1914

8. AGE: Years 27 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Buffalo, N. Y. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wladyslaw Panek
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Papkjewicz
15. Birthplace Poland

16 (a) Informant Mary Panek (mother)
(b) Address 611 S. Rose Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozmun
(b) Address 1930 Eastern Ave.

19 (a) APR 16 1942 (b) Huntington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: drowning	
Due to: accidental	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/6
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence April 14 1942 M
(c) Where did injury occur? Canton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Factory While at work? —
(e) Means of injury drowning

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 4-15-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N. Rose st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Colafiore

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-8867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Jennie Colafiore
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 22 1884

8. AGE: Years	Months	Days	If less than one day
57	8	25	24 hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business Tailor shop

FATHER
12. Name Frank Colafiore
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Reina
15. Birthplace Italy

16 (a) Informant Jennie Colafiore (Wife)
(b) Address 917 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) APR 16 1942 (b) Huntington Williams, M.D. Registrar

(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to April 16 1942 and that I last saw him alive on April 16 1942

Immediate cause of death	Duration
Pulmonary Edema	
Myocardial Infarction?	
Due to Myocardial Failure	
Due to Hypertonic arteriosclerotic Cardio-vascular disease	
Other Conditions Latent Syphilis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 4/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163-M Registered No. F 91297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3836 Kelly Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS F. GREELEY. JR.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-07-3033

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E.
6 (c) If wife, give age 21 years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1912

8. AGE: Years 29 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation mechanic
11. Industry or business Bond Bakery

FATHER
12. Name Thomas F. Greeley. Sr
13. Birthplace Md.

MOTHER
14. Maiden Name Willie G. Shearer
15. Birthplace Md.

16 (a) Informant Mary E. Greeley.
(b) Address 3836 Kelly Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 17/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine.
Location

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 1615-17 Pleasant St.

19 APR 16 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1942 at 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon monoxide poisoning
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-14-42 at — M
(c) Where did injury occur? Home Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify typical place)
(e) Means of injury Gas taken for purpose

23. Signature H. Williams M.D.
City Medical Examiner.
Date signed 4-15-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 91298

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 319 S. Monroe St
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nadine Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1941

8. AGE: Years	Months	Days	If less than one day
1	-	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Lewis Turner
13. Birthplace Va

MOTHER 14. Maiden Name Mary Williams
15. Birthplace Md

16 (a) Informant Mary Turner
(b) Address 319 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 17/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Harford Ave

19 (a) (b)

APR 16 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942, to April 15 1942, and that I last saw her alive on April 14 1942.

Immediate cause of death: Laryngo Tracheo Bronchitis

Due to: Bronchial pneumonia

Due to:

Other Conditions: Tracheotomy

(Include pregnancy within 3 months of death)

Date of operation April 13, 1942

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Revell M. D.
Address 1211 W. Hoyo Date signed 4/16/42

F 91299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 91299

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 S. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and the name of town)
(d) Street No. 100 S. Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda K. Crosby.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Charles Crosby.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4/58

8. AGE: Years	Months	Days	If less than one day
84	1	10	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles S. Crosby.
(b) Address 1114 Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Oak Lawn
Location Fountain Ave

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Clinton St.

19 (a) (Date received by registrar) APR 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1942, at 3½ P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to 4/14 1942 and that I last saw h alive on 4/13 1942

Immediate cause of death Cute Bronchitis.
Ant. Sclr. C.V.D. Senile

	Duration
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Goodman M. D.
Address 340 W. Rock Ave Date signed 4/15/42

VS 3

F 91300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 South Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ira E. Knauff

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 705.03.6199

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Catherine Knauff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March. 21. 1879

8. AGE: Years 63 | Months - | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business B& O. R.R. Shop

FATHER
12. Name Howard A. Knauff
13. Birthplace Baltimore

MOTHER
14. Maiden Name Alice Dixon
15. Birthplace Frederick Md.

16 (a) Informant Elsie Brown
(b) Address 2 013 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 17. 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son.
(b) Address 1320 Hollins Street

19 (a) APR 16 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April. 14 1942 at 10 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942, to April 14 1942 and that I last saw h alive on April 14 1942

Immediate cause of death: Chronic myocarditis — Duration: about 4 4 40.

Due to

Due to

Other Conditions Cardiac Cathema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagmeth M. D.
Address 1724 W. Lombard Date signed 4/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 91301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Medical Center Inc
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 0 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 E Lanvale (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HELENA ALBINA KRAMER

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Louis F. Kramer

6 (c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): Sept 8, 1860

8. AGE: Years: 81 Months: 7 Days: 8 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: - - -

FATHER
12. Name: August Wallenhorst-deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louisa Brandt-deceased
15. Birthplace: Germany

16 (a) Informant: Mr. Louis F. Kramer (Husband)
(b) Address: 1504 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 16. 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway,

19 (a) APR 16 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1942 to 4/14 1942 and that I last saw h or alive on 4/14 1942

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William P. Temple M. D.
Address: 1504 Gen Hosp Date signed 4/14/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

F 91302 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 Wall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 & 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Wall St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie M. Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lawrence O. Brown
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1913

8. AGE: Years	Months	Days	If less than one day
29	1	-	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph McQuade
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Freese
15. Birthplace Baltimore Md

16 (a) Informant Lawrence O. Brown
(b) Address 1209 Wall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial
Location Glen Burnie

18 (a) Funeral director Elizabeth Earle Inc.
(b) Address 115 E. West St.

19 (a) APR 16 1942 (b) Huntington Williams, M.D.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to April 14 1942
and that I last saw him alive on 4/14/ 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 1941-1942

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Lohr M. D.
Address 826 Fort Ave Date signed 4/15/42

F 91303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 Cambridge St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Antoinette Durmowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Anthony Durmowicz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Thomas Kowalski
13. Birthplace: Poland

MOTHER 14. Maiden Name: unknown
15. Birthplace: Poland

16 (a) Informant: Mrs. Sophia Filipowicz
(b) Address: 13 S. Conkling Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: Baltimore County

18 (a) Funeral director: John J. Weber
(b) Address: 1102 S. Charles Street

19 (a) APR 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th 1942, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to April 13 1942, and that I last saw h[illegible] alive on April 13 1942.

Immediate cause of death: Congestive Heart Failure — Duration: 2 months

Due to: Arteriosclerotic Heart Disease — ?

Due to:

Other Conditions: Diabetes Mellitus — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William H. Fusting, M. D.
Address: Bon Secours Hosp. Date signed 4-18-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 16 1942

F 91304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 V

F 91304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3135 S Chester St (If rural give location)
3132 E Balto St
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME MARTIN OTROMBA

3 (b) If veteran, name war Yes World War # 1

3 (c) Social Security Account No. 216-01-7709

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married ?

6 (b) Name of husband or wife Amy Otromba

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Fairfield ship yard

11. Industry or business

FATHER
12. Name William Otromba
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Kurkowska
15. Birthplace Poland

16 (a) Informant Mrs Amy Otromba
(b) Address 3135 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/17/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Catonsville

18 (a) Funeral director John M Weber
(b) Address 400 E. Chester Street

APR 16 1942 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1942 at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary embolism — **Duration**

Due to Fracture of right femur.

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 2/16
(b) Date of occurrence 14 March 14, 1942
(c) Where did injury occur? Fairfield (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Steel (Specify type of place) industrial While at work? Yes
(e) Means of injury fell 20 feet from drive shaft

23. Signature Ida Wallenmeyer M.D. Medical Examiner.

Date signed 4-14-42

APR 16 1942

F 91305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

F 91305

Correct age if supposed incorrect. If physician, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2500 E Oliver~~
(c) Hospital or institution: Mercy Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 E Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dennis Clemens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14th 1942

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Leo Clemmens
13. Birthplace Md

MOTHER
14. Maiden Name Grace Childress
15. Birthplace Md

16 (a) Informant Leo Clemmens
(b) Address 2590 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17th 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patterson Park Ave

19 (a) APR 16 1942 Registered (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1942, to April 16 1942 and that I last saw him alive on April 16 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Darrell J Roop M. D.
Address Mercy Hospital Date signed April 16 1942

VS 3

T/N 73040 F 91306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 91306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4949 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Huffman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Seperated)

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1901

8. AGE: Years	Months	Days	If less than one day
40	9	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wash Higganmire
13. Birthplace ?

MOTHER
14. Maiden Name Emma Eostick
15. Birthplace W.Va

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Co.
Location Baltimore Co. Md.
18 (a) Funeral director Jotham J. Fielding & Son
(b) 1346 Druid Hill Ave
19 (a) APR 16 1942 Hunter Jon Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1942, at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942 to 4-6 1942 and that I last saw h[illegible] alive on 4-6 1942

Immediate cause of death Bronchopneumonia — Duration 7

Due to Lung abscess — Duration 7

Due to — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: In about

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 4-14-42

VS 8

F 91397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 91307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(c) Street No. 125 W. Henrietta St (If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN H. BANNISTER

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22 1938

8. AGE: Years	Months	Days	If less than one day
3	3	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Mildred Bannister
15. Birthplace Baltimore, Maryland

16 (a) Informant Viola Johnson
(b) Address 125 Henrietta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A P. C. Mod

18 (a) Funeral director Sarah L Brown for
(b) Address 165 W Montgomery St

19 (a) APR 16 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942 at 8 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Septicemia, staphylococcus hemolyticus — Duration

Due to: Wounds infected, scalp

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation April, 1942

Major findings of operation: [illegible]

of autopsy: Yes: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 1942 at — M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury struck by brick while

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 4-14-42

Playing in yard

VS 6

F 91308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 91308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 Grindall Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Grindall Court (If rural give location)
(e) Citizen of foreign country? 30 (Yes or No) If yes, name country

3 (a) FULL NAME William H Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-2127

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3/92

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	1	12		

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Delia Harmon
(b) Address 726 Grindall Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director David L Brown Son
(b) Address 1080 Montgomery St

19 (a) APR 16 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1942 to 4/15 1942 and that I last saw [illegible] alive on 4/15 1942.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Chr Nephritis & Nephrosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Brown
Address [illegible] See N Date signed 4/16/42 M. D.

VS 3

91309 T/N 73145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 91309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: ~~BALTIMORE CITY HOSPITALS~~ Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

14-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Brunt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vantilian Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~ married, ~~widowed or divorced~~
F	C	Luke

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Koos
Huntington Williams M.D.

19 APR 16 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1942, at 11 25/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 4-9 1942, and that I last saw h~~e~~ alive on 4-9 1942.

Immediate cause of death	Duration
? Pulmonary embolism	? 10 min.
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Robertson M. D.
Address Balto. City Hosp. Date signed 4-15-42

VS 3

9027

91310

SS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91310
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution BALTIMORE CITY HOSP[illegible] 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 North High Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Appletuiss (Appletwiss)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unable to get any information
13. Birthplace since patient lived about

MOTHER
14. Maiden Name two minutes in the accident
15. Birthplace room.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 15 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

APR 16 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1942, at 2 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1942 to 4-11 1942, and that I last saw h alive on pt. died before data was BCN. saw him

Immediate cause of death Pneumothorax

Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-15-42

Correct age in capacity numerals. If unknown, please write the causes of death clearly and legibly.

VS 3

9023

91311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. F. 91311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 15 1942
Commissioner of Health

18 (a) Funeral director For H. A. Moore

(b) Address

APR 16 1942 (Date rec'd by Registrar) Huntington Williams M.D.

VS 6

9023

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1942 at 2 47 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration of heart
Hemopericardium
Due to Multiple fractures

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/29/42 at 2 45 M
(c) Where did injury occur? In front 3152 Frederick Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian auto

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4/13/42

91312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 91312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 N. Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Gibson (Birth F-47559)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/42

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Man

11. Industry or business

FATHER 12. Name Theodore Boyer

13. Birthplace Hubert Rockingham

MOTHER 14. Maiden Name Helena Gibson

15. Birthplace Baltimore, Md.

16 (a) Informant Virginia M. Jackson

(b) Address 521 N. Mount St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 15 1942

Commissioner of Health

18 (a) Funeral director Per M. A. Moore

(b) Address

19 (a) APR 16 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 4/13/42

VS 6

9650

91313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 91313

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 447 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Mavagas

3 (b) If veteran, name war no

3 (c) Social Security Account No. 213-09-1545

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace: Lithuania (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant: Mrs V. Paulionis
(b) Address 447 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Frederick Road

18 (a) Funeral director: John J. Greblinger Jr
(b) Address: 726 S. Paca St.

19 (a) APR 16 1942 (Registrar's signature) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1942, at 3.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-16-42

91314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 91314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 35 years

3 (a) FULL NAME Annie Wagner or Anna Wengel + Winger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Lawrence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: About 58 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russian (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Not know
13. Birthplace: Russign

MOTHER
14. Maiden Name: Not know
15. Birthplace: Russian

16 (a) Informant: Sophia Seine
(b) Address: 417 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 17-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Trinity Russian
Location: Anne Arundel County

18 (a) Funeral director: John J. Grebiowskas
(b) Address: 423 S. Paca Street

19 (Date received by registrar) APR 16 19[illegible]
Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1942, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942, to April 14 1942, and that I last saw her alive on April 13 1942.

Immediate cause of death	Duration
Myocardial insufficiency	1 days
Due to Chronic valvular heart disease ?	
Due to Arterio-sclerosis	?
Other Conditions Chronic gastritis	over year

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. B. Bronushas, M. D.
M. D.
Address 3037 O'Donnell St Date signed 4-15-42

AB-23044

F 91315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-42 F 91315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 40 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lindrick Stowell

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-1870

8. AGE: Years	Months	Days	If less than one day
72	2	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Pension
11. Industry or business

FATHER
12. Name William Stowell (D)
13. Birthplace Mass.

MOTHER
14. Maiden Name Jane Stevens
15. Birthplace Mass.

16 (a) Informant
(b) Address B C H Records

17 (a) Burial (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 2[illegible] St. Paul St

19 (a) APR 17 1942 Registered
(b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1942 at 5:04 M

21. I certify that death occurred on the date above stated, that I attended deceased from 4-4 1942 to 4-16 1942, and that I last saw him alive on 4-16 1942

Immediate cause of death

	Duration
Uremia	2 wks?
Due to Urinary retention + Extravasation	2 wks -
Due to Benign Prostatic Hypertrophy ?	? days
Other conditions Pulmonary Oedema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Stebbins M. D.
Address Balto City Hosp Date signed 4-16-42

VS 3

F 91316 BALTIMORE CITY HEALTH DEPARTMENT F 91316

CERTIFICATE OF DEATH

13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Dougherty 71879

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1898

8. AGE: Years	Months	Days	If less than one day
43	4	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael Dougherty
13. Birthplace ?

MOTHER
14. Maiden Name Mary E. Wolfe
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (month) (day) (year)
(c) Cemetery St. Matthews
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 17 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 42 at 7:20AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1942 to Apr. 15 1942, and that I last saw h im alive on Apr. 15 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 mos?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 4-16-42

F 91317 ~~10892~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 24-3261 Battery Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~3 Mos~~ 3 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Ferndale, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Winslow Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William McCleary

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Susie (Sep.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-1876

8. AGE: Years	Months	Days	If less than one day
65	6	10 4	hr. min.

9. Birthplace Md. Balto Md.
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Restaurant

FATHER
12. Name Joseph McCleary
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B C H Records
(b) Address

17 (a) Burial (b) Date thereof 4/18/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location Glenburnie Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 17 1942 (b) Huntington Williams, M.D.
(Registrar's signature)

VS 3 ADD -

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1942 at 4 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 4-16 1942, and that I last saw h~~im~~ alive on 4-14 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun, M. D.
Address Balto. City Hosp Date signed 4-16-42

F 91318 BALTIMORE CITY HEALTH DEPARTMENT 137-w F 91318

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Westgate (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William D. Guard

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Nellie Guard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 1875

8. AGE: Years	Months	Days	If less than one day
66	10	16	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Barber
11. Industry or business Retired

FATHER
12. Name Edwin Guard
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Richter
15. Birthplace Md.

16 (a) Informant T. Marshall Guard
(b) Address 415 Westgate Rd.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto - Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (b) Huntington Williamsport, Md.

APR 17 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1942, at 1 04 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1942 to 4/16 1942 and that I last saw h~~e~~r alive on 4-16 1942.

Immediate cause of death Urinary obstruction — Duration 2 mos.
Due to Benign prostatic hypertrophy — 3 mos.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/30/42
Major findings of operation: cystotomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Dwyer M. D.
Address St Agnes Hosp Date signed 4/16/42

F 91319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H6-a

F 91319

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd. and Calvert St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 Wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County

(c) City or town Oakland Greensboro

(If outside city or town limits, write RURAL and give town)

(d) Street No. 411 West Greenway

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Raymond Howard Brown

3 (b) If veteran, name war: World

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Raymond Howard Brown

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.): December 6, 1899

8. AGE: Years 51 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Manufacturer

11. Industry or business

FATHER

12. Name: Julius Brown

13. Birthplace: Delaware

MOTHER

14. Maiden Name: Mary Whitman

15. Birthplace: Maryland

16 (a) Informant: Mrs. Raymond Howard Brown

(b) Address: Greensboro, North Carolina

17 (a) Burial: Burial (b) Date thereof: 4/20/42 (month) (day) (year)

(c) Cemetery: London Park

Location: Balto. Md.

18 (a) Funeral director: William Cook

(b) Address: 1207 St. Paul St.

19 (a) Date received by registrar: APR 17 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 5:10 AM

21. I certify that death occurred on the date above stated, that I attended deceased from April 14 1942 to April 16 1942 and that I last saw him alive on April 16 1942

Immediate cause of death: Respiratory failure caused undetermined

Duration: acute

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: April 15, 1942

Major findings of operation: Cancer of oesophagus - oesophago-gastrostomy

of autopsy: 2nd day post operative

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Thompson Pearcy M. D.

Address Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 91320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91320

CERTIFICATE OF DEATH

157-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S Bond St. D-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Francis Bizon

If U. S. Veteran specify WAR

(a) Residence: No. 723 S. Bond ~~st~~ St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

Birth F 47620

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16-1942

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Bizon

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Korycki

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Agnes Andrzejewski

(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date April 17 1942

19. UNDERTAKER George A Weber

(Address) 709 S. Conkling st

20. FILED APR 17 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 42

22. I HEREBY CERTIFY, That I attended deceased from April 16 42 to April 16 42 19...

I last saw him alive on April 4 1942 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation Low forceps

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) William J Rosario M. D.

(Address) 801 S Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 91321

Melnicove

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered F 91321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Av.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County Washington
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Jacob Melnicove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Friends
(b) Address Sinai Hosp

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/17/42 (month) (day) (year)

(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Jack Levin Inc
(b) Address 1429 E. Baltimore St

APR 17 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1942, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942, to April 16 1942, and that I last saw h[illegible] alive on April 16 1942.

	Duration
Immediate cause of death Respiratory Failure	
Due to Emphysema	
Due to Post-Pneumonia	
Other Conditions Diabetes Mellitus, Thrombopenia, Cardiac Failure	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Pus in Rt. Pleural Cavity

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Kenneth Krulevitz
Address Sinai Hospital Date signed 4/16/42 M. D.

F 91322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 91322 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-N. Abington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 9 N. Abington St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Maurice Kroneberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8903

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Edith A. Kroneberger
nee Beigel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 22, 1884

8. AGE: Years	Months	Days	If less than one day
58		21	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Tea & Coffee

FATHER
12. Name Charles L. Kroneberger
13. Birthplace Va.

MOTHER
14. Maiden Name Miller
15. Birthplace Unknown

16 (a) Informant Mrs. Edith A. Kroneberger
(b) Address 9 N. Abington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry D. Wetzel
(b) Address 410 Edmondson Ave.

19 (a) APR 17 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th 1942 at 10:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hitchcock M.D. Medical Examiner.
Date signed 4/17/42

VS 6

F 91323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-A

F 91323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Agnes Rectory
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Ignatius Fealy

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1878

8. AGE: Years 63 | Months 8 | Days 15 | If less than one day: hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Priest

11. Industry or business

FATHER
12. Name Thomas Fealy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McNamara
15. Birthplace Va.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Washington Blvd

18 (a) Funeral director Joseph Fealy
(b) Address Baltimore

19 (a) APR 17 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1942, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1942 to 4/15 1942, and that I last saw h[illegible] alive on 4/15 1942.

Immediate cause of death: Carcinoma of Larynx — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. T. Muse M. D.
Address St. Agnes Hosp. Date signed 4/16/42

VS 3

F 91324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 91324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Futaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALEXANDER SIROM

3 (b) If veteran, name war

3 (c) Social Security Account No. 061-05-2075

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1917

8. AGE: Years	Months	Days	If less than one day
24	8	3	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Handy man & outside machinist

11. Industry or business Bethlehem-Fairfield Ship Co.

FATHER
12. Name Nestor Syromolatow
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Mary Soti
15. Birthplace Hungary

16 (a) Informant Nestor Syromotow
(b) Address 2205 Futaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/42 (month) (day) (year)
(c) Cemetery or crematory Trenton N. J.
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 W Fayette ave

19 (a) [illegible] Huntington Williams MP

APR 17 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1942, at 2.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause	Duration
Immediate cause of death: Fractured skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 5/6
(b) Date of occurrence 4-16-42 at 12.40 A M
(c) Where did injury occur? Fairfield - Bethlehem Ship Bldg Corp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fall from Scaffold

23. Signature Howard J. Wheeler M.D. Medical Examiner.
Date signed 4-16-42

F 91325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 91325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 | 4 | 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Richard Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 19, 1889

8. AGE: Years	Months	Days	If less than one day
52	3	29	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Nelson
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Mary Young
15. Birthplace Howard Co. Md.

16 (a) Informant Mr. Benjamin Lewis
(b) Address 1102 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Western Star Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1142 Druid Hill Ave.

19 (a) APR 17 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 19 42, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1942 to Apr. 16 1942 and that I last saw her alive on Apr. 16 1942

Immediate cause of death Uremia — Duration 5 Weeks

Due to Hypertension Cardiovascular Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 4/16/42

VS 2

F 91326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 91326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Mc Collum St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	negro	married

6 (b) Name of husband or wife Warren Clarke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1906

8. AGE: Years	Months	Days	If less than one day
36	1	11	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frank P Phillips
13. Birthplace Va

MOTHER
14. Maiden Name [illegible]
15. Birthplace ?

16 (a) Informant Warren Clarke
(b) Address 1718 Mc Collum

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George W. Hall
(b) Address 1430 Mad. Edgar Ave.

19 (a) APR 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 15 1942 and that I last saw h[illegible] alive on April 13 1942.

Immediate cause of death	Duration
Pneumonia	14 da
Due to Hypertension & V-Renal disease	2 yrs
Due to	
Other Conditions Agranulocytosis	18 da

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Strahan M. D.
Address Mercy Hosp Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 91327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91327

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1435 N. Lanvale St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Charlotte Co. Va.
(c) City or town Phenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmett Cook

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas Cook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 42 | Months — | Days — | If less than one day hr. min.

9. Birthplace Charlotte Co. Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Willis Coleman
13. Birthplace Charlotte Co. Va.

MOTHER
14. Maiden Name Emmett Coleman
15. Birthplace Charlotte Co. Va.

16 (a) Informant Mary Bell
(b) Address 1238 Lanvale St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Galilee Cem.
Location Charlotte, Co. Va.

18 (a) Funeral director Chas. H. Alexander
(b) Address 1 N. Fremont St
(c) Huntington Williams Mort.

APR 17 19[illegible]
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1942 at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1942 to 4/16 1942 and that I last saw h[illegible] alive on 4/16 1942

Immediate cause of death Hypertension

Due to Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Pifer M.D.

Address 1506 W. Lanvale St. **Date signed** 4/17/42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91328

F 91328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 S Bentlan St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S Bentlan (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert M[illegible] Kim Baker

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-9003

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Matilda Baker
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 6 1876

8. AGE: Years 65 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business Street Railway

FATHER
12. Name Wm H Baker
13. Birthplace Md

MOTHER
14. Maiden Name Don't Know
15. Birthplace Md

16 (a) Informant Matilda Baker
(b) Address 426 S Bentlan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18. (month) (day) (year)
(c) Cemetery or crematory London Park
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2100 Orleans

APR 17 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942, at 0[illegible] PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to April 15 1942, and that I last saw him alive on April 14 1942.

Immediate cause of death: Coronary occlusion — Duration: immediate
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Thomas J. M. D.
Address 1904 W. Balto St. Date signed 4-16-42

VS 8

F 91329

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. F 91329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Fairmont St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE ATKINS

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: N | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myer H. Atkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 54 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Solomon Mears
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie Goldman
15. Birthplace Russia

16 (a) Informant Myer H. Atkins
(b) Address 2130 E. Balto St

17 (a) Burial (b) Date thereof 4-16-42 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery Balto Hebrew
Location Belair Rd.

18 (a) Funeral director Jack Epps Jr.
(b) Address 1439 E. Balto St

19 (a) (b) Huntington Williams, M.D.

APR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1942, to April 15, 1942, and that I last saw her alive on April 15, 1942.

Immediate cause of death: Meningitis - Pneumococcic Septicaemia — Duration
Due to Otitis Media, Rt.
Due to
Other Conditions Diabetes mellitus, pulmonary edema, cardiac decompensation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Steiber M. D.
Address Sinai Hospital Date signed 4/15/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91330 — CERTIFICATE OF DEATH — 13-B — F 91330

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 GREENMOUNT AVE Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MICHAEL FRANCIS McGRAW JR.

If U. S. Veteran specify WAR

(a) Residence: No. 2617 GREENMOUNT AVE. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: NONE

6. DATE OF BIRTH (month, day, year): NOV 4 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: U.S. ARMY.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): BALTO

FATHER

13. NAME: MICHAEL F. McGRAW.

14. BIRTHPLACE (city or town) (State or country): MARYLAND

MOTHER

15. MAIDEN NAME: DELLA COLEMAN

16. BIRTHPLACE (city or town) (State or country): BALTO

17. INFORMANT: MICHAEL F McGRAW.

(Address): 2617 GREENMOUNT AVE

18. BURIAL, CREMATION, OR REMOVAL: ST JOSEPH CEM. TEXAS MD. 4-18. 1942

19. UNDERTAKER: Bernard C Harle

(Address): 121 E. West St

APR 17 1942 — Huntington Williams, M.D. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1942 to April 15, 1942

I last saw h[illegible] alive on April 15, 1942. Death is said to have occurred on the date stated above, at 10.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	1942
Chronic Pulmonary Tuberculosis	1941

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No

30. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

34. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Mole M. D.

(Address) 1331 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 91331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

Registered No. F 91331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1367 North Stricker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME J.W. STOWERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27, 1936

8. AGE: Years	Months	Days	If less than one day
5	11	18	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Dozier Stowers
13. Birthplace Georgia

MOTHER
14. Maiden Name Dellar Oliver
15. Birthplace Georgia

16 (a) Informant Dozier Stowers
(b) Address 1367 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42 (month) (day) (year)
(c) Cemetery or crematory Brown Grove Md.
Location Md.

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Presstman St.

19 APR 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-1942, at 12 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by me Inquest & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-15-42 at 9.50 A M
(c) Where did injury occur? 1367 N. Stricker St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell from 3rd floor window

23. Signature Howard J. Sheehan M.D. Medical Examiner.
Date signed 4-16-42

VS 6

F 91332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 91332

Registered No.

RC(72512)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Virginia Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Thomas (Bessie) (Birth F-45586)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1942

8. AGE: Years	Months	Days	If less than one day
		1	14 hr. 13 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Levin Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Bessie Thomas
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Cremation (b) Date thereof 4-16-42 9:30a.m.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 APR 17 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1942, at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13/42 19 to 3/15/42 19, and that I last saw h/17 alive on 3/15 1942

Immediate cause of death: Extracranial Hemorrhage — Duration: 48 hrs.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Kaltenbach
Address Balto City Hosp Date signed 3/17/42

VS 3

F 91333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 91333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 151 Willard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry H Reinbach

3 (b) If veteran, name war -

3 (c) Social Security Account No. 216-01-1962

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1890

8. AGE: Years	Months	Days	If less than one day
52	2	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Truck helper
11. Industry or business Gunthers

FATHER
12. Name Rudolph Reinbach
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Lohmidt
15. Birthplace Germany

16 (a) Informant Mrs Helen Reinbach
(b) Address 15, Willard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore City

18 (a) Funeral director H. B. Wyckoff & Son
(b) Address 1300 Eutaw Place

19 (c) APR 17 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-3-42 at 9.30 P. M
(c) Where did injury occur? Town - 23 E. Fredrick Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck on head with [illegible]

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 4-16-42

V8 6

F 91334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91334 Registered No. 168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Sarah Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DANIEL HENSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1929

8. AGE: Years	Months	Days	If less than one day
12	10	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Clinton Henson
13. Birthplace Md

MOTHER
14. Maiden Name Louise Gibson
15. Birthplace Md

16 (a) Informant Louise Henson
(b) Address 626 Sarah Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 718 Druid Hill Ave

19 (a) APR 17 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942, at 3:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Abscess of Brain

Due to

Due to Fracture of skull

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 3, 1942 at 3:30 P M
(c) Where did injury occur? Yard 643 W. Mulberry Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Struck by piece of stick.
23. Signature Howard J. Headley M.D. Medical Examiner.
Date signed 4-17-42

VS 6

F 91335

F 91335

BALTIMORE CITY HEALTH DEPARTMENT 47-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Thursday
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. Light St. Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Poteet

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Margaretha Poteet. Nee Ettel

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/17/1895

8. AGE: Years 67 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation — Retired Operator

11. Industry or business Own-

FATHER 12. Name Jesse Poteel

FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary Trump

MOTHER 15. Birthplace Balto

16 (a) Informant Mrs. Catherine Komber

16 (b) Address 3461 Parklawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20, 1942 (month) (day) (year)

17 (c) Cemetery or crematory Glen Haven Mem. Pk.

Location Glen Burnie, Md.

18 (a) Funeral director Thomas W. Singleton

18 (b) Address Glen Burnie, Md.

19 (a) APR 17 1942 (Date received by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1942 at 6:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1942 to 4/16 1942, and that I last saw h[im] alive on 4/16 19—.

Immediate cause of death (a) Carcinoma of Lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Booth M.D.

Address Mercy Hosp Date signed 4/17/42

VS 8

F 91336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

F 91336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 587 Orchard
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62a

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 587 Orchard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Waters

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband George Warner Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1871

8. AGE: Years	Months	Days	If less than one day
70	6	24	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Kirchner
13. Birthplace Md

MOTHER
14. Maiden Name Minder ?
15. Birthplace Germany

16 (a) Informant William L. Watson
(b) Address 1814 E. Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17th (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley

19 (a) [illegible] (b) Huntington Williams, M.D.

APR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1942 7:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7th 1942 to April 14th 1942; and that I last saw Mrs. alive on April 13th 1942

Immediate cause of death Bronchopneumonia — Duration 1 week

Due to Arteriosclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

Autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Williams M. D.
Address 587 Orchard Date 4/16/42

F 91337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91337 Registered No.

1. PLACE OF DEATH: Eutaw Pl. & Wilson St.
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
Street No. Marlborough Apts. (If rural give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME IRVIN HIRSHBERG

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1874

8. AGE: Years 67 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Produce Merchant

11. Industry or business

FATHER
12. Name Nathan Hirshberg.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebecca Greensfelder.
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Miriam Bear.
(b) Address 6211 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42. (month) (day) (year)
(c) Cemetery ~~Evergreen~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place

19 (a) ~~Received~~ APR 17 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16th. 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1942 to 4-16 1942 and that I last saw h[illegible] alive on 4-16 1942

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to: Hypertension

Due to: Arteria Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Ehrlich M. D.

Address Marlborough Apts. Date signed 4/16/42

YS 8

91338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. E 91338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town Media
(If outside city or town limits, write RURAL and give town)
Street No. 139 E Baltimore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Margaret O'Brien

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Governess
11. Industry or business –

FATHER
12. Name Thomas O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Gately
15. Birthplace Ireland

16 (a) Informant John F Gallagher
(b) Address 15 Olive St Media Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Evergreen City

18 (a) Funeral director Gallagher & Co
(b) Address 129 E Third St

19 (a) APR 17 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1942 to April 17 1942 and that I last saw h[illegible] alive on April 17 1942.

Immediate cause of death: Carcinoma of Uterus — Duration 1 yr
Due to:
Due to:
Other Conditions: Terminal Bronchopneumonia 2 days

(Include pregnancy within 3 months of death)
Date of operation March 30, 1942
Major findings of operation: Carcinoma of Uterus & Metastases
of autopsy: –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence – at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work? –
(Specify type of place)
(e) Means of injury –

23. Signature J W Hollingsworth M.D.
Address 110 E St Paul St Date signed 4/17/42

VS 8

F 91339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belleau Ave.
(c) Hospital or institution:
Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Campbell Lane.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Margaret Gruner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1857

8. AGE: Years	Months	Days	If less than one day
82	9	27	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Martin Gruner
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret A.
15. Birthplace Germany

16 (a) Informant Stewart Gruner
(b) Address 511 Campabell Lane

17 (a) Burial (b) Date thereof April 15-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Albert W Berger
(b) Address 440 E North Ave

19 Date received by Local Registrar APR 17 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1942 at 8 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1939 to 4/15 1942
and that I last saw h Ex alive on 4/15 1942.

Immediate cause of death Cardio Vascular Hypertension — Duration 15 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N D Wheaton M. D.
Address 4209 York Rd Date signed 4/15/42

91340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91340

CERTIFICATE OF DEATH

√83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Robb St. 9 St., 35 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Marie Henkel Maule

(a) Residence: No. 2040 Robb St St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond C Maule

6. DATE OF BIRTH (month, day, year) March 9, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) April 1942

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Henkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Raymond C Maule
(Address) 2040 Robb Sty

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. April 20 42

19. UNDERTAKER H. S. Duncan Inc. Funeral Dir.
(Address) 1 St. Paul Place

20. APR 17 1942 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1941, to April 16, 1942

I last saw her alive on April 16, 1942. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	4/16/42

Other contributory causes of importance:

Hypertension before	1934

Was an operation performed? no Date of —

For what disease or injury? _____

Name of operation — Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____, 19___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Francis W. Huber M. D.

(Address) 715 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 91341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 91341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1146 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. McQuinn

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth L. McQuinn
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1870.

8. AGE: Years	Months	Days	If less than one day
71	6	21	hr. min.

9. Birthplace Alexander, Va.
(Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business B. & O. R.R.

FATHER
12. Name Charles W. McQuinn
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia A. Pitts
15. Birthplace Virginia

16 (a) Informant Elizabeth L. McQuinn
(b) Address 1146 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick Cole
(b) Address 908 W. Lombard St.

19 (a) APR 17 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th, 1942, at 10-45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9-1942 to 4-13-1942 and that I last saw him alive on 4-13-1942

Immediate cause of death: Angina Pectoris — Duration: Mar-1942
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. B. Aylward M. D.
Address 780 N. Hanford St. Date signed 4-15-42

F 91342 BALTIMORE CITY HEALTH DEPARTMENT F 91342

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Sigmund Kornmann

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3597

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Helen Kornmann
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 23 - 1890

8. AGE: Years 51 | Months 9 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business Maryland Casualty Co,

FATHER
12. Name William Kornmann
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Clara Volmer
15. Birthplace Baltimore Md.

16 (a) Informant Joseph Hoppe Jr
(b) Address 204 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 200 W. Lanvale St.

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

V2 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1942, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 - 1942, to April 14-1942, and that I last saw h.im alive on April 12- 1942.

Immediate cause of death: Coronary Thrombosis — Duration 2½ hours

Due to Uremia — 12 days

Due to Nephritis

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave Date signed 4-14-42

F 91343

F 91343

BALTIMORE CITY HEALTH DEPARTMENT

R.L.C. (15929) CERTIFICATE OF DEATH 122-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magnus, Kurt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1887?

8. AGE: Years	Months	Days	If less than one day
54	7	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Julius
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Fleming
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. City Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 746 Belair Rd

19 (a) APR 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1942, at 8:34 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1933, to 4-15 1942, and that I last saw him alive on 4-13 1942.

Immediate cause of death: Coronary thrombosis — Duration 6 hrs

Due to: Post Operative Repair of large scrotal hernia — 2 hrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4-14-42

Major findings of operation: Right Rupture containing omental mass of bowel

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald McNett M.D.
Address 746 Belair Rd Date signed 4-16-42

VS 3

F 91344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Reference No. F 91344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2523 W Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 W Fairmount Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Frances Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Author Lang

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1892

8. AGE: Years	Months	Days	If less than one day
49	4	5	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Ernest Kong
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Author Lang
(b) Address 2523 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Old Frederick Rd.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St.

19 (a) (Date received by registrar) Huntington Williams, M.D.

APR 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942, at 3:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Pontaneous Central Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Gelbach M.D.
Medical Examiner.

Date signed 4/16/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91345 — CERTIFICATE OF DEATH — F 91345

87-C 7-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Thornhill Road St., 7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. — mos. — da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Laura Milburn Beatty

If U. S. Veteran specify WAR

(a) Residence: No. 308 Thornhill Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Mowbray Beatty

6. DATE OF BIRTH (month, day, year) June 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
80	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Tom Frederick Schaefer

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Eliza Milburn

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Joseph M. Beatty

(Address) 308 Thornhill Rd. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Mt Lowey Union Bapt. Ch. Cem. Date 4/18/ 1942

Boyd Mangum Co.

19. UNDERTAKER Mahoney & Son

(Address) 1519 E Fort Ave

20. FILED APR 17 1942 19 Huntington Wm [illegible] Registrar

APR 17 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to April 17 1942

I last saw her alive on April 11 1942 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1931
Other contributory causes of importance: Myocardial Failure	4-1-42

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon N Norwood M. D.

(Address) Funeral Home Dyer

OCCUPATION is very important. See instructions on back of certificate. Last statement of

VS 3

91346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Balnew P.O. Turners Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Oak St. (If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3 (a) FULL NAME Baby Girl Epps (Keith F. 42-79)

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 27, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Scott Epps
13. Birthplace Virginia

MOTHER
14. Maiden Name Gladys Patterson
15. Birthplace Virginia

16 (a) Informant Gladys Epps
(b) Address 115 Oak St. Balnew P.O. Turners Station, Md. Baltimore Co.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 17 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Meyer

19 (a) APR 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1942, at 12:00M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942, to Feb. 28 1942 and that I last saw her alive on Feb. 28 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 4/16/42

VS 3

COPY

91347
414417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X
1/59

F 91347
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Fort Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 33
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-42

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Snyder
13. Birthplace Pa.

MOTHER
14. Maiden Name Tekla F. Gross
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location APR 17 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) APR 17 1942 Per M. A. Moore
(Date rec'd by Registrar) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-13 1942, at 10.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942, to Apr 13 1942, and that I last saw him alive on Apr 13 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollack M. D.
Address Johns Hopkins Date signed 4-14-42

VS 8

9037

F 91348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bartosz

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank Bartosz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7th 1891

8. AGE: Years	Months	Days	If less than one day
50	4	3	hr. min.

9. Birthplace Poland (Town, county and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name A. Marcinisc
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland.

16 (a) Informant Frank J. Bartosz
(b) Address 107 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1938 Eastern Ave

19 APR 17 1942 (Date rec'd by registrar) (Signature) Huntington Millburn M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14- 1942 to 4-16 1942 and that I last saw him alive on 4-15 1942.

Immediate cause of death: Acute Cardiac Dilation. — Duration: Sudden

Due to Cerebral Hemorrhage. — 4 Hours

Due to Arteriosclerosis Generalized. — not known.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Graham Manion M. D.
Address 516 Cathedral ST Date signed 4-17-42

VS 3

F 91349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 91349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 S Conkling st
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S Conkling st (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Joseph Piechowiak

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Frances, 6 (c) If alive, give age Dec'd years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1866

8. AGE: Years	Months	Days	If less than one day
76	2	15	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name unknown.
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Josephine Swigon
(b) Address 628 S Conkling st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 S Ann st

19 (a) (b)
Date rec'd by Registrar APR 17 1942 Registrar, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1942, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 16 1942 and that I last saw him alive on April 16 1942

Immediate cause of death: Chronic valvular heart disease — Duration several years.
Due to —
Due to
Other Conditions chronic hypostatic pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Kraft M. D.
Address 268 S Eastern Date signed 4/17/42

F 91350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

Registered No. E 91350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ✓
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Park ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul F. [redacted] (Shryock)

3 (b) If veteran, name war — 3 (c) Social Security Account No. 213-12-2120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2-1896

8. AGE: Years	Months	Days	If less than one day
46	2	14	hr. min.

9. Birthplace Winchester, Va (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Bethlehem S. B. Co

FATHER
12. Name Frederick A. Shryock
13. Birthplace Frederick Co Va

MOTHER
14. Maiden Name Ida Trimbourne
15. Birthplace Pittsburgh, Pa

16 (a) Informant Mrs Frank Shryock
(b) Address Winchester, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/47 (month) (day) (year)
(c) Cemetery or crematory Mt Hebron
Location Winchester, Va

18 (a) Funeral director Mr Lindsay & Sons
(b) Address Worth St Extd

19 (a) (Embalmer) (b) (District) Huntington Williams M.D. Registrar

APR 17 1947

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-1947 at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Illuminating Gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 4-16-47 at A M
(c) Where did injury occur? 329 Park ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury? Inhalation of Gas - Illuminating

23. Signature Howard J. Waldron M.D. Medical Examiner.
Date signed 4-16-47

F 91351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 91351 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2109 Brookfield Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2109 Brookfield Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME J. EDWARD SCHLEIFER

3 (b) If veteran, name war: X

3 (c) Social Security Account No. 216-03-8170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Agnes Schleifer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1890

8. AGE: Years	Months	Days	If less than one day
51	11 10	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Insurance Agt.

11. Industry or business

FATHER

12. Name J. Edward Schleifer

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Elizabeth H. Boyer

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Agnes Schleifer

(b) Address 2109 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3800 Frederick Rd.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Aves.

19 APR 17 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1942 to 4/15 1942 and that I last saw h alive on 4/14 1942

Immediate cause of death: Carcinoma of Intestine — Duration: 7 mos

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation 4/13/42

Major findings of operation: Carcinoma of Intestine

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) —

(e) Means of injury

23. Signature A. A. Bacon M. D.

Address 1 E Fayette St Date signed 4/14/42

VS 3

F 91352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 91352

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Llewellyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Walker 72746

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Yes	213-09-1473	male	black	married

6 (b) Name of husband or wife Reamanda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	5	29		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Foundry work
11. Industry or business

FATHER
12. Name William
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Moore
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Laurelwood Cem. Va
Location Brunswick Co. Va

18 (a) Funeral director Robert E. Williams
(b) Address 1545 McElderry St

19 (a) APR 17 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 1942, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1942 to Apr. 16 1942, and that I last saw him alive on Apr. 16 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp Date signed 4-16-42

E 91353

BALTIMORE CITY HEALTH DEPARTMENT

R.L.C.(73097) CERTIFICATE OF DEATH 42-a Registered No. E 91353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aven e
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. Bradford Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BALTIMORE CITY HOSPITALS Frank Spacek

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-12-4024

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Johanna
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May ? 1877?

8. AGE: Years	Months	Days	If less than one day
64	?11	15	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Spacek
13. Birthplace Europe

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Balto. Md
Location
18 (a) Funeral director Frank Gracz & Son
(b) Address 700 N. Charles St
19 (a) APR 17 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1942, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7-42 19 , to 4-15 1942, and that I last saw him alive on 4-15 19 42.

Immediate cause of death: Myocardial infarction — Duration: 2 weeks
Due to Coronary thrombosis
Due to
Other Conditions: Aortic insufficiency
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt. City Hosp. Date signed 4-16-42

91354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91354

Registered No. 9235

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Last illness
(e) Length of stay in Baltimore (yrs., mos., or days) in Md. 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 45-1
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna R. Wells

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
	None	Female	white	married

6 (b) Name of husband or wife Dr. Robert A. Wells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
69				

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mrs Anna R. Wells,
13. Birthplace Md.

MOTHER
14. Maiden Name Cabila Shuman
15. Birthplace Md

16 (a) Informant Wells
(b) Address Manchester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1942 (month) (day) (year)
(c) Cemetery or crematory St Josephs Cem
Location Taneytown Md

18 (a) Funeral director C O Russell Son
(b) Address Taneytown Md

19 APR 18 1942 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 - 1942 at 12 02 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 - 1942, to April 18 1942, and that I last saw her alive on 19 .

Immediate cause of death	Duration
Cardiac insufficiency	
Due to Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

VS 3

RAINO

91355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 91355

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Colvin St. 5-V Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tina Elizabeth E. Raino If U. S. Veteran specify WAR

(a) Residence: No. 416 Colvin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Luigi Raino

6. DATE OF BIRTH (month, day, year): Oct 19-1883

7. AGE: Years 58 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland, Md.

FATHER

13. NAME: Patrick Thompson

14. BIRTHPLACE (city or town) (State or country): Unknown,

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Luigi Raino
(Address) 416 Colvin St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Holy Redeemer Cem. Date April 18 1942

19. UNDERTAKER: Joseph Farace Inc.
(Address) 2613 Greenmount Ave

20. FILED APR 18 1942 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1942 to April 16, 1942

I last saw her alive on April 16, 1942 Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Exhaustion	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luigi D. DiStefano M. D.

(Address) 407 S. Exeter St

B 9135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-B

Registered No. E 91356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Brightwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Brightwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

25

3 (a) FULL NAME Anders Christian Reiersen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Marie C. Reiersen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15th 1856

8. AGE: Years	Months	Days	If less than one day
85	11	1	hr. min.

9. Birthplace Retired
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Nels Reiersen
13. Birthplace Norway

MOTHER
14. Maiden Name Karoun
15. Birthplace

16 (a) Informant Sigrid Dale
(b) Address 2031 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 APR 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 1942 at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 years 19 to Mch 16 1942 and that I last saw ~~him~~ alive on Mch 16 1942

Immediate cause of death	Duration
Angina Pectoris	Immediate
Due to Arteriosclerosis	10 yrs
Due to Age	
Other Conditions Chronic Bronchitis	2 yrs

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Barnett & Catlin M. D.
Address 1816 N. Charles St Date signed 4-17-42

VS 8

91357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-M

Registered No. F 91357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Jane Terrell

3 (b) If veteran, name war NV
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Delmar T. Terrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28th 1856

8. AGE: Years	Months	Days	If less than one day
86	0	19	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Nathaniel Sampson
13. Birthplace Md.

MOTHER
14. Maiden Name Kasandra (Unknown)
15. Birthplace Md

16 (a) Informant W. D. Fulton
(b) Address 2414 Barclay St.

17 (a) Burial (Burial, ~~cremation~~ or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery, ~~or crematory~~ Slatsville
Location Delta Pa.

18 (a) Funeral director Williams Cook
(b) Address 527 St. Paul st

19 APR 18 1942 (Date rec'd by registrar) Livingston Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 at 1:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to April 17 1942 and that I last saw h alive on April 17 1942

Immediate cause of death Cardiac Failure — Duration Few days
Due to
Due to Arteriosclerosis — Duration Many yrs
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. E. Richardson M.D.
Address 112 W 25th St Date signed April 17 1942

91358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. E 91358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution Home for Aged Women & Aged Men
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs 11 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Littlefield

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 20, 1858
8. AGE: Years 83 | Months 7 | Days 27 | If less than one day: hr. min.
9. Birthplace Plantatone Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Littlefield
13. Birthplace Unknown

MOTHER
14. Maiden Name Rachel Catharine
15. Birthplace Unknown

16 (a) Informant Aged Women & Aged Men Home
(b) Address 1400 N Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director Jno. Cook
(b) Address 1219 E Pratt St
19 (a) APR 18 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1942 10:05 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4/23/1930 to 4/17/1942 and that I last saw her alive on 4/16/1942.

Immediate cause of death: Hypertensive cardio-vascular-renal disease. — Duration: 1
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?
(e) Means of injury

23. Signature Edwin B Jones M. D.
Address 1115 St. Paul St., City Date signed 4/17/42

V8 3

91359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 91359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lula E. Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank Mason
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Apr 9 1887
8. AGE: Years 55 | Months 0 | Days 6 | If less than one day: hr. min.
9. Birthplace: Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Rice P. Trent
13. Birthplace: Va.

MOTHER
14. Maiden Name: ?? ? Carter
15. Birthplace:

16 (a) Informant: Frank Mason
(b) Address: 1409 Myrtle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-18-42 (month) (day) (year)
(c) Cemetery or crematory: Carter Park
Location: Baltimore Md
18 (a) Funeral director: Wm. Fraser & Hemler
(b) Address: 578 N Bridge St
19 (a) APR 18 1942 (Date rec'd by registrar) Burlington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1942 to April 15 1942 and that I last saw h alive on apr 14 1942.

Immediate cause of death: Chr. Interstitial Nephritis
Mitral insufficiency
Duration: ? 1 yr

Due to:

Due to:

Other Conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Jan 8 to Apr 15 1942
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. S. Mackenzie M. D.
Address 1126 Linden Ave Date signed 4-16-42

VS 3

F 91360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-D

F 91360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 W 36th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W 36th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy H. Lee

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. M. Lee
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) April 1, 1902

8. AGE: Years	Months	Days	If less than one day
40	0	16	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Totten
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Dennis
15. Birthplace Va

16 (a) Informant Wm. M. Lee
(b) Address 1115 W 36th St.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Apl 19/42 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Balto

18 (a) Funeral director Thos. J. Donovan
(b) Address 3915 17 Huntington

19 APR 18 1942 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1942, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942, to April 16 1942 and that I last saw her alive on April 13, 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Carcinomatosis as a result of	
Due to Carcinoma of Intestine	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Donovan M. D.
Address 7037 Falls Rd. Date signed 4/19/42

VS 8

F 91761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Allendale Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Allendale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY B. HELLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	212--10-0641

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle J. Heller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1878

8. AGE: Years	Months	Days	If less than one day
63	5	28	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business C. & P Telephone Co.

FATHER
12. Name Rubin Heller
13. Birthplace Pa.

MOTHER
14. Maiden Name Susanna Bearus
15. Birthplace Pa

16 (a) Informant Mrs. Myrtle J. Heller
(b) Address 2105 Allendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location W. J. TICKNER & SONS INC

18 (a) Funeral director North & Pa Aves
(b) Address

19 APR 18 1942 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1942, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1941, to Apr 16 1942
and that I last saw him alive on Apr 16 1942.

	Duration
Immediate cause of death Coronary occlusion	1 day
Due to Coronary disease	about 5 yrs
Due to Arteris-sclerosis	?
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. Tickner
Address 2220 Harrison Blvd Date signed 4/17/42

VS 2

F 91362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

F 91362

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Bank Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Bank Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LORETTA RAUH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1942

8. AGE: Years	Months	Days	If less than one day
	2	13	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Rauh
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Magdalena Wieczynska
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Magdalena Rauh
(b) Address 2102 Bank Street

17 (a) Burial (b) Date thereof 4/18/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eastern Ave

19 APR 18 1942 (b) Huntington Williamsville, Md.
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942 to April 17 1942 and that I last saw her alive on April 17 1942.

Immediate cause of death: Bronch Pneumonia — Duration 3

Due to:

Due to:

Other Conditions: Whooping Cough — Duration 7

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. L. Valentine M.D.

Address 1732 N. Milton Ave Date signed April 17 1942

VS 3

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

F 91363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

F 91363

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2919 Fredrick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Brashear

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1932

8. AGE: Years	Months	Days	If less than one day
9	11	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name C. T. Brashear
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Kleinedest
15. Birthplace Pennsylvania

16 (a) Informant Father
(b) Address 2919 Fredrick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Maresh
(b) Address 45 Light St

19 (a) APR 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1942, at 12.13 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1942 to 4-16 1942 and that I last saw her alive on 4-16 1942.

Immediate cause of death: Meningitis — Duration: 2 days
Due to: Meningococcus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy At Johns Hopkins Hosp. 4-16-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Brashear, M. D.
Address Sydenham Hosp. Date signed 4-16-42.

VS 3

F 91364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-8

F 91364 Registered No. 985-40

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or Town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4816 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Albert M. Reinhardt Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Annie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 29 1874
8. AGE: Years: 68 Months: 3 m Days: 9 18 If less than one day hr. min.
9. Birthplace: Balto (Town, county, and state)
10. Usual Occupation: Ins Broker
11. Industry or business

FATHER
12. Name: Melchior Reinhardt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Sophia Weidmann
15. Birthplace: Germany

16 (a) Informant: Mr. Albert M Reinhardt Jr
(b) Address: 3311 Beverly Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/20/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3901 Frederick Ave
18 (a) Funeral director: William M Maech
(b) Address: 715 Light St
19 (a) (Date received by Registrar) APR 18 1942 (Signature of Registrar) Hastings for Willis

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1942 at 2 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1942 to April 17 1942 and that I last saw him alive on April 17 1942.

Immediate cause of death: Cardiac decompensation — Duration: 1
Due to: Arteriosclerotic Cardio-vascular disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: E. Arthur Rosberg M.D.
Address: St. Agnes Hosp. Date signed: 4/19/42

VS 3

F 91365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137-a

Registered No. F 91365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave & Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 138 Market St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Grot

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1848

8. AGE: Years	Months	Days	If less than one day
94			hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Grot
13. Birthplace Pa

MOTHER
14. Maiden Name Sothia Albrecht
15. Birthplace Pa

16 (a) Informant Fred. L. Brown
(b) Address 138 market St Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-42 (month) (day) (year)
(c) Cemetery or crematory St Anne's
Location Annapolis Md.

18 (a) Funeral director Bert L Hopkins
(b) Address Annapolis. Md.

19 (a) APR 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1942 at 7:58 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1942, to 4/18 1942, and that I last saw h/m alive on 4/18 1942.

Immediate cause of death	Duration
Uremia	10 days
Due to Prostatic hypertrophy	5 yrs
Due to	
Other Conditions	own

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J R Dunn M. D.
Address St Agnes Hosp Date signed 4/18/42

VS 2

4141 75 F 91366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91366

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 441 Schwartz Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James

(c) If alive, give age years

7. Birth date of deceased (Mo., day, yr.) 1-31-80

8. AGE: Years 61 62 | Months 3 | Days 16 1/2 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Foster
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Va

16 (a) Informant Anna Williams
(b) Address 441 Schwartz Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 | 19 | 42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Wm. Cass, H. Haviland
(b) Address 1631 Druid Hill Ave.

(Filed by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942 to April 16 1942 and that I last saw her alive on April 16 1942

Immediate cause of death: Cardiac failure — Duration: 8 days

Due to: Hypertensive cardio-vascular disease — 1 yr.

Due to:

Other Conditions: Diabetes Mellitus — 7 yrs
Chronic Muscular rheumatism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Johns Hopkins Date signed 4-17

F 91367

SS 71030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 91367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. No Address
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Owen White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Ronig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	26	hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual Occupation Billiard Player
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Morgan
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 4 15 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Dorman Mill Rd

18 (a) Funeral director Geo. Fahey & Sons
(b) Address 1318 Light St

19 (a) [illegible] (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942 at 8 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 1942 to 4-13 1942, and that I last saw h[illegible] alive on 4-13 1942.

Immediate cause of death Duration
Leucemia ?
Due to Acut. autointoxication ?
Due to
Other Conditions own
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 4-15-42

VS 3

F 91368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 91368

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 Dennison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4810 Crenshaw Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTA JACOBSEN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John Jacob Jacobsen
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec. 17. 1868

8. AGE: Years 75 | Months 3 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - - -

FATHER
12. Name George Friedel-deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Miss Louise Schoepflin
(b) Address 3511 Dennison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) [illegible] APR 18 1942 Huntington Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15. 1942 19 8.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1940, to Apr. 15 1942 and that I last saw h[illegible] alive on Apr. 11 1942.

Immediate cause of death: Valvular Heart Lesion
Due to: Hypertension
Due to: Arterio Sclerosis
Due to: Cardiac Failure.
Other Conditions:

Duration: 2 yrs. / 4 / "

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Robert J. Kirk
Address 3126 Hanford Rd Date signed 4/17/42

VS 3

F 91369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 91369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore. Md
(b) Street address 3512 Clifton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara H. Fulenwider

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Hayward

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 14 - 1874

8. AGE: Years 68 67 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Brooklyn, New York (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edgar Nelson
13. Birthplace Brooklyn N Y

MOTHER
14. Maiden Name Unknown
15. Birthplace Some Country Philadelphia

16 (a) Informant Fred E Fulenwider
(b) Address 3600 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mon Apr 20-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 N Monte ave

19 (a) APR 18 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1942 at 2.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Wheeler M.D.
Medical Examiner.
Date signed 4-17-42

VS 6

F 91370

Susie A. Pfeiffer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c E 91370

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Poplar Grove (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sousie Susie A Pfeiffer

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 5, 1875

8. AGE: Years	Months	Days	If less than one day
67		12	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Hoetman
13. Birthplace Md.

MOTHER
14. Maiden Name Susie McLaughlin
15. Birthplace Orleans

16 (a) Informant Robt D. Pfeiffer
(b) Address 526 Poplar Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Geo. H. Little
(b) Address 27 E. Edmondson Ave

19 (a) APR 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1942, at 11:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy thereon and from the evidence obtained by said Inquest - Autopsy (Autopsy or Inquiry) (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	
Due to Septicaemia	
Due to	
Other Conditions Fractured Pelvis; Ruptured Bladder (Include pregnancy within 3 months of death)	

Date of operation 2-18-42
Major findings of operation: Ruptured bladder
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-18-42 6:45 A M
(c) Where did injury occur? Poplar Grove Lane Edmondson Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Fell from streetcar struck by automobile

23. Signature Howard J. Healdan M.D. Medical Examiner.
Date signed 4-18-42

VS 4

Clark L Insley

F 91371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 91371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 North Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 748 Denison St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CLARICL. INSLEY

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 213-05-9235

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht.	Married

6 (b) Name of husband or wife Alma Insley
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 25, 1893

8. AGE: Years	Months	Days	If less than one day
48	11	22	hr. ____ min.

9. Birthplace Bivalve Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Balto Transit Co.

FATHER
12. Name John Insley
13. Birthplace Bivalve Md.

MOTHER
14. Maiden Name Sallie Willing
15. Birthplace Md.

16 (a) Informant Mrs. Alma Insley
(b) Address 748 Denison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Howard Co. Md.

18 (a) Funeral director Robert S. Little
(b) Address [illegible] Edmondson Ave.

19 (a) [illegible] (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/ 1942 at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14/ 1942 to 4/17/ 1942, and that I last saw h[illegible] alive on 4/17/ 1942

Immediate cause of death
Bronchopneumonia
Due to
Due to
Other Conditions Spinal Cord tumor (operated 1/18/42)
(Include pregnancy within 3 months of death)

Duration
3 Days

Date of operation 1/18/42
Major findings of operation
of autopsy

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Tompkins
Address St Joseph's Hospital Date signed 4/17/42

VS 8

F 91372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. E 91372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1155 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 1155 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE JONES ABRAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	11	1		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Jones
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant William Jones
(b) Address 2417 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-42 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Md

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Presstman

19 APR 18 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 3P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease.
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-19-42

VS 6

F 91373 HEALTH DEPARTMENT—CITY OF BALTIMORE F 91373

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Bruce St. 16-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Mitchell

If U.S. Veteran specify WAR _____

(a) Residence: No. 612 Bruce St., _____ Ward. Md. S. C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Sallie Mitchell

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
62?				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) West River Md.

FATHER

13. NAME John Henry Mitchell

14. BIRTHPLACE (city or town) (State or country) West River Md.

MOTHER

15. MAIDEN NAME Jennie Trueland

16. BIRTHPLACE (city or town) (State or country) West River Md.

17. INFORMANT Mitchell

(Address) 612 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 18, 19 42

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3229 Edmondson Ave

20. APR 18 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 19 42

22. I HEREBY CERTIFY, That I attended deceased from June 15, 19 41 to April 16, 19 42

that saw h alive on April 16, 19 42 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset ?

Other contributory causes of importance: Apoplexy (cerebral hemorrhage) — ?/?/42

Was an operation performed? _____ Date of _____

For what disease or injury? _____

What test confirmed diagnosis? _____ Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) William Frey M. D.

(Address) 1928 Pa Ave

F 91374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-A

F 91374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 1018 W. Fayette Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice McJones

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Divorced

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1888

8. AGE: Years	Months	Days	If less than one day
54	1	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Henrietta Moten
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) [illegible] Mrs Katie R. Williams
(b) Address 322 N Schroeder St
19 (a) APR 18 1942 (Date rec'd by reg'r) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1942, at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Arteriosclerotic Cardiovascular Disease	5 years
Due to (b) Uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 4-16-42

VS 6

F 91375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91375

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 933 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilson Willett

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-4478

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 7 1894

8. AGE: Years	Months	Days	If less than one day
47	4	9	hr. min.

9. Birthplace Calvert Co Md
(City, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Elizabeth Willett
(b) Address 933 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 (APR 18 1942) Interring for Williams Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18/1942 to 4/16/1942 and that I last saw h alive on 4/16/1942

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 601 W Lanvale Date signed 4/18/42

VS 3

F 91376 ✓ F 91376

BALTIMORE CITY HEALTH DEPARTMENT

R.LC.(73238) CERTIFICATE OF DEATH 160-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day 3
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Williams (Esther) (Birth F-47419)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thadduis Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Esther Williams
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-16-42 9:38a (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) APR 18 19[illegible] Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1942 at 10:27 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/12 1942 to 4/13 1942 and that I last saw her alive on 4/13 1942

Immediate cause of death: Intracranial Hemorrhage

Due to: Prematurity

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 4-16-42

VS 3

F 91377 ✓ F 91377

RC(72968)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or inst. BALTIMORE CITY HOSP[illegible] R-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Fremont Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Keys(Inez) (Birth F 46600)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1942

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Milton Keys
13. Birthplace Virginia

MOTHER
14. Maiden Name Inez Lonesome
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-11-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 APR 18 1942 (Date rec'd by Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1942, at 12 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to April 2 1942, and that I last saw him alive on April 2 1942.

Immediate cause of death Thoracotoma Infant. — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(d) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed Apr 4 42

VS 8

F 91378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No. E 91378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 E Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give district)
(d) Street No. 1227 E Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Truitt Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3416

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Steve Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1899

8. AGE: Years 43 | Months - | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Charles H. Brown

13. Birthplace Maryland

MOTHER 14. Maiden Name Annie Truitt

15. Birthplace Baltimore Maryland

16 (a) Informant Annie Truitt

(b) Address 227 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20th 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a. a. co Md

18 (a) Funeral director Byron & Francis H. Kugler

(b) Address 711 Maguire St Balto, Md.

APR 18 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 42, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to ... death on the day stated above.

Immediate cause of death Spontaneous Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Shelpley M.D. Medical Examiner.

Date signed 4/16/42

VS 6

F 91379 | BALTIMORE CITY HEALTH DEPARTMENT | F 91379

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 S. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19

3 (a) FULL NAME Augusta R Seidemitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife Lott Charles F. Seidemitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1858

8. AGE: Years	Months	Days	If less than one day
83	10	1	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Christopher Krauss
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Johanna M. Weaver
(b) Address 301 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Road.

18 (a) Funeral director Harry F. Nuttle
(b) Address 401 E Monument Ave.

17 (c) Date received APR 18 1942 (Registrar) Huntington Williams M.D.

VS :

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/ 1941 to 4/15/ 1942 and that I last saw h alive on 4/15/ 1942.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: ?

Due to

Due to

Other Conditions Hypostatic pneumonia — Duration: 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1206 Hanover St. Date signed 4/18/42

F 91380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-0

Registered No. F 91380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs.~~ mos., ~~or days~~) 1 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Monticello - N.Y.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 W 87th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norine Poole

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Edw a Poole.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Mar 10 - 1876

8. AGE: Years	Months	Days	If less than one day
66	1	7	hr. min.

9. Birthplace Monticello N.Y. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Michael Fonery
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mary Cannie
15. Birthplace N.Y.

16 (a) Informant Edw a Poole
(b) Address 30 W 87th St New York

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 18th (month) (day) (year)
(c) Cemetery or crematory Dennison Cem
Location Near Scranton Pa

18 (a) Funeral director John Ulrich
(b) Address 826 E Orleans St Huntington West Va

APR 19 1942
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1942, at 8.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Acute pulmonary Edema — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsey M.D.
Medical Examiner.
Date signed 4/18/42

VS 6

F 91381

F 91381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mabel Carlson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas Carlson
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 16 1884

8. AGE: Years	Months	Days	If less than one day
57	9	1	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Charles Carlson
(b) Address 22 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Capital

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

APR 19 1942 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1942 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1942 to 4/17 1942 and that I last saw h.e alive on 4/17 1942

Immediate cause of death Acute Cor Edema

	Duration
Due to Hypertensive Cardio-Vascular Dis.	2 yrs
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Templeton M.D.
Address St Joseph's Hospital Date signed 4/17/42

VS 8

F 91382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

Registered No. F 91382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2234 Tacoma St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Tacoma Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Yeager.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-9761

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estella Yeager
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) January 6-1894

8. AGE: Years 48 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Automobile Mechanic

11. Industry or business

FATHER
12. Name George F. Yeager.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Yeager.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Estelle R. Yeager.
(b) Address 2234 Tacoma St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore Md.

18 (a) Funeral director Frannie Funeral Home
(b) Address 1600 W. North Ave.

19 (a) APR 19 1942 (Date received by registrar) Huntington Wilkinson M.D.

VE 3

MEDICAL CERTIFICATION

4

20. DATE OF DEATH April 16 1942, at 1-40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1942 to 4-16- 1942
and that I last saw h— alive on 4-16- 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration 5 years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Klaus M. D.
Address 926 W. North Ave. Date signed 4/16/42

F 91383 BALTIMORE CITY HEALTH DEPARTMENT F 91383

CERTIFICATE OF DEATH 47-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo19da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo.19da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 574 E. 31st St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST L. YOUNG

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora Hamill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28,1902

8. AGE: Years 40 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace Murray City, Tennessee
(Town, county, and state)

10. Usual Occupation 1st Asst. Engineer

11. Industry or business Seafaring

FATHER
12. Name Henry G. Young
13. Birthplace Tennessee

MOTHER
14. Maiden Name Alice Knapp
15. Birthplace Texas

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21-1942 (month) (day) (year)
(c) Cemetery or crematory New National Cem.
Location Baltimore Md

18 (a) Funeral director Francis E. Dyer
(b) Address 1600 W. North Ave

19 APR 19 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1942 at 2:45a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19, 42 to April 18, 42 and that I last saw him alive on April 18, 1942

Immediate cause of death: Post-operative shock — Duration 2 da.

Due to: Pneumonectomy — 7 da.

Due to: Carcinoma of the lung, rt. — Unknown

Other Conditions:

(Include pregnancy within three months of death)
Date of operation: 2/20; 3/5; 3/19; 3/26; 4/2; 4/9/42
Major findings of operation: Bronchoscopy; Resection Rt. Lung Posterior; Drainage lung; Exp. incision; Aspiration
Date of autopsy: As above

PHYSICIAN
Underline the cause to which death should be attributed statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emerson H. Goodhue

Address US Marine Hospital Baltimore, Maryland. Date signed 4/19/42 M. D.

VS 3

F 91384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 91384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Homewood apts (If rural give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3 (a) FULL NAME Mrs. Gertrude Riordan (Gertrude Lowrey Riordan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1877

8. AGE: Years	Months	Days	If less than one day
65	---	--	-- hr. --- min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Joseph Lowrey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gertrude Sydnor
15. Birthplace Winchester, Va.

16 (a) Informant self.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) 825 N. Calvert Street

APR 19 19[illegible]

19 (a) (b) Huntington W. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/42 at 1.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1942, to 4/17 1942, and that I last saw her alive on 4/17 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature T. D. Stevens
Address Mercy Hospital Date signed 4/17/42 M.D.

F 91385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-13

F 91385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loraine Garland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1939

8. AGE: Years	Months	Days	If less than one day
2	34	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

MOTHER / FATHER

12. Name Willie Garland

13. Birthplace W. Va

14. Maiden Name Lucy Carrington

15. Birthplace N.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42 (month) (day) (year)

(c) Cemetery or crematory

Location Alton, Va.

18 (a) Funeral director Elsey Wilson

(b) Address 1000 Brantley ave

19 (Date received by local registrar) APR 19 1942 Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1942 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from —— 19—, to April 15 1942 and that I last saw her alive on 19—

Immediate cause of death (Enter only one cause per line for (a), (b), and (c).)

(a) Meningitis — Duration ? 1 day

Due to

(b) Influenza bacillus

Due to

(c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

Duration of surgery: Meningitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Walker

Address Baltimore Date signed 4/18/42

Howard J. Masden M.D.

VS 3

F 91386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160-a

F 91386 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby boy Friedlander (Birth F-48431)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age ~~62~~

7. Birth date of deceased (mo., day, yr.) 4/15/42

8. AGE: Years	Months	Days	If less than one day
0	—	2½	62 hr. 30 min

9. Birthplace Maryland (Town, county, and state) West Balt. Gen Hosp. Balt

10. Usual Occupation

11. Industry or business

FATHER
12. Name Manus Friedlander
13. Birthplace Balto

MOTHER
14. Maiden Name Clara Goodman
15. Birthplace Balto

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Back Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

APR 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1942 at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1942, to 4/18 1942, and that I last saw him alive on 4/15 1942.

Immediate cause of death	Duration
Cerebral hemorrhage, traumatic	
Due to Prolonged labor, Obstruction of	
Due to Congenital heart	over
disease	
Due to Sub arachnoid hemorrhage	
& trauma to brain	
Other Conditions Bilateral Hydro ureters	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Cohn
Address 145 W Balto St. Date signed 4/21/42

VS 3

F 91387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

F 91387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 2127 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Kaufman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife Sam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chatzkel Gerber
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Jack Barber (Son)
(b) Address 2127 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St
18 (a) Funeral director Jos Levy Sons
(b) Address 1437 E. Baltimore St

19 (APR 19 1942) (Date filed by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiac - Hypertension
Duration

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haslam M.D.
Medical Examiner.
Date signed 4-18-42

VS 6

F 91388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 91388 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Elm Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia A. Lindsay

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Wm. H. Lindsay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5 - 1862

8. AGE: Years 79 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name George Kelly
13. Birthplace Md

MOTHER
14. Maiden Name Temperance Hare
15. Birthplace Md

16 (a) Informant Miss Mamie Lindsay
(b) Address 3608 Elm ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Geo. L. Boyer Jr
(b) Address 1612 Hillsdale

19 (a) APR 19 1942 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Kelly M.D.
Medical Examiner.
Date signed 4/18/42

F 91389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6 Registered No.

F 91389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hosp, Bal
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Charles St. City (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A Putnam

3 (b) If veteran, name war: NP
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 4-22-1886
8. AGE: Years: 55 | Months: 11 | Days: 25 | If less than one day: hr. min.
9. Birthplace: Massachusetts (Town, county, and state)
10. Usual Occupation: School Teacher
11. Industry or business:
FATHER 12. Name: Herbert Putnam
13. Birthplace: New York N.Y.
MOTHER 14. Maiden Name: Sarah Pierce
15. Birthplace: Unknown
16 (a) Informant: Miss Eva A. Palmer
(b) Address: 821 N. Charles St. City
17 (a) Removal (Burial, cremation or removal) (b) Date thereof 4/19/42 (month) (day) (year)
(c) Cemetery or crematory: Mount Cemetery
Location: Holden Mass
18 (a) Funeral director: Wilkerson Cook
(b) Address: 1207 St. Paul St.
19 (a) (Date received by Registrar) APR 19 1942 (Signature of Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1942, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1942 to 4-17 1942 and that I last saw h[er] alive on 4-17 1942.

	Duration
Immediate cause of death: ~~Cerebral Hemorrhage~~ Cardiac failure	
Due to: Previous Recent cerebral Hemorrhage	8 days
and	
Due to: Coronary Occlusion	? days
Myocardial Infarction	
Other Conditions: Hypertension	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Coronary occlusion

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Dwight P. Veeder Kirkstrand II M. D.
Address: Union Memorial Hospital Date signed: 4-17-42

VS 8

F 91390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-0

F 91390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Coleman

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 1985

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Walker Coleman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1871

8. AGE: Years 70 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John Kahl
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace a

16 (a) Informant R. Richard Coleman
(b) Address 1700 Eutaw Place

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date and hour) (b) Registrar

APR 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1942, at 4 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to April 18 1942 and that I last saw him alive on April 17 1942.

Immediate cause of death

Due to Coronary Thrombosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Days 6 Weeks Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Hartman

Address 1700 Eutaw Place Date signed 4/19/42

F 91391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 91391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Compton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL, and give town)
(d) Street No. 603 Virginia St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa K. Van den Bosch (Busch)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Emil K. Van den Bosch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8th 1879

8. AGE: Years 62 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Frederick Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth C. "
15. Birthplace "

16 (a) Informant Mrs Catherine Smith
(b) Address 1305 Compton St.

17 (a) Burial (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1917 St. Paul St

19 (a) APR 19 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1942 8:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to April 17 1942 and that I last saw her alive on April 17 1942

Immediate cause of death: Heart failure — Duration

Due to Hypertension Cardiovascular

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Baldwin Date signed

VS 1

F 91392

Wenscevitz

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town North East (If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. # 1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor June Mowscewitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/25/41

8. AGE: Years 0 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Faye Mowscewitz
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Helena Pugh
15. Birthplace Virginia

16 (a) Informant Louis J. Nolan M.D.
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 20 1942 (month) (day) (year)
(c) Cemetery or crematory Brookview
Location Rising Sun, Md.

18 (a) Funeral director Alfred M. Reed
(b) Address Rising Sun, Md.

APR 19 1942 (Date received by registrar) Washington Hollingsworth D

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1942 to 4/18 1942 and that I last saw h[illegible] alive on 4/18 1942

Immediate cause of death: Respiratory Failure — Duration: 1 hour

Due to: Bronchopneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J. Nolan M. D.
Address Union Memorial Hosp. Date signed

Baltimore

F 91393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 91393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Jervis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1887

8. AGE: Years	Months	Days	If less than one day
54	9	20	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Doctr Shorter
13. Birthplace Charles Co. Md

MOTHER
14. Maiden Name Eliza Wood
15. Birthplace Charles Co. Md.

16 (a) Informant Mrs. Estelle Stigleman
(b) Address 2018 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 17 1942 and that I last saw h. alive on April 16 1942

Immediate cause of death Cerebral Hemorrhage Duration 1942
Due to Arteriosclerosis
Due to Hypertension
Due to Bronchopneumonia April 1942
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. B. Teckman M. D.
Address 3501 Date signed April 18/42

A. B. TECKMAN

F 91394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 91394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 Beaufort Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. Schilling

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Wm H. Schilling
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 1, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	17	hr. min.

9. Birthplace Balt. Md.
(Town, county, or state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Reinhardt Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C. Knock
15. Birthplace Germany

16 (a) Informant Wm H. Schilling
(b) Address 5011 Beaufort Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director H. S. Lisle
(b) Address 4700 Edmondson Av

19 (a) [illegible] (b) Huntington Williams, M.D.

APR 18 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 10.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1942, to April 18 1942, and that I last saw her alive on April 18 1942

Immediate cause of death
Cardiac Decompensation
Due to Lobar Pneumonia
Due to Fractured Rt. Wrist

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
29 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 20 1942 at M
(c) Where did injury occur? Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home. While at work?
(Specify type of place)
(e) Means of injury Fell Down Steps

23. Signature Joshua M. Penman
Address WDGH. Date signed 4/17/42 M. D.

H. L. Wollamsden MD asst Med. Exam.

F 91395 BALTIMORE CITY HEALTH DEPARTMENT 13-B F 91395

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3242 Kingsley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3242 Kingsley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman W. Wieber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1897

8. AGE: Years	Months	Days	If less than one day
44	10	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business Retired 18 yrs.

FATHER
12. Name Joseph Wieber
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Henrietta Wenger
15. Birthplace Balto. Md

16 (a) Informant Miss Cecelia Wieber
(b) Address 3242 Kingsley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Knitzke
(b) Address 4101 Edmondson Ave

19 (a) _____ (b) Huntington Williams, M.D.
(Registrar)

APR 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/42, 19 at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1942 to April 15 1942 and that I last saw h[illegible] alive on April 15 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration: About 12 hrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagmeier M. D.
Address 1224 W Lanvale St Date signed 4/19/42

F 91396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 91396 Registered No.

T.H (72467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S. Strieker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Cluts

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ralph Cluts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 5 1901

8. AGE: Years	Months	Days	If less than one day
40	10	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Mueller
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Mueller
15. Birthplace Md

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 20 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Guy A. Talley
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

APR 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 17 1942, at 11:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 4-17 1942, and that I last saw her alive on 4-17 1942.

Immediate cause of death Operative Hemorrhage & Shock — Duration

Due to Operation for

Due to Rt Frontal Lobe Tumor (Probably malignant) — 1 mo

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Stetler M.D.
Address Balto City Hosp Date signed 4-17-42

F 91397 155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

Registered No. F 91397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. STANSBURY Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Eckes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-74

8. AGE: Years	Months	Days	If less than one day
67	10	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Pete Eckes
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto.

18 (a) Funeral director Jas. J. Herr & Son
(b) Address 2212 Kentucky Ave

19 (a) APR 20 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1942, at 1240 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr-6 1942, to Apr 17 1942, and that I last saw him alive on Apr 17 1942.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerosis.	
Due to	
Other Conditions Carcinoma of Bladder	over
Carcinoma of Prostate	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Molz M.D.
Address Johns Hopkins Hospital Date signed 4/21/42

F 91398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution: Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N Belnord Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irvin L. REELY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0139

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Reely

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1-1899

8. AGE: Years 42 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clarifier

11. Industry or business

FATHER
12. Name James W. Reely
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Louise Siegel
15. Birthplace Md

16 (a) Informant Helen Reely
(b) Address 913 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 21 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore

18 (a) Funeral director Philip Henry Lowe
(b) Address 2024 Orleans St

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 6 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to April 18 1942 and that I last saw him alive on April 18 1942.

Immediate cause of death: Pentonitis

Due to: Perforated Peptic Ulcer

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4/17/42

Major findings of operations: As above

of autopsy: As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address St Josephs Hospital signed 4/19/42 M. D.

ADD'D 1-3-45
ATT'D

AB-160-18

F 91399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91399 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2058 E. Hoffman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Charles Happersett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-1865

8. AGE: Years	Months	Days	If less than one day
76	7	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Can Maker

11. Industry or business

FATHER
12. Name John Happersett
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Sheller
15. Birthplace Baltimore

16 (a) Informant B C H Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Philip Herring Son
(b) Address 2024 Orleans St.

19 (a) (b) Registrar

APR 20 1942

Justin to Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 4-17 1942, and that I last saw h alive on 4-17 1942.

Immediate cause of death Bronchopneumonia — Duration 7

Due to Senile arteriosclerosis — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Ratchford M. D.
Address Balto. City Hosp. Date signed 4-18-42

F 91400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B Registered No. F 91400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 Oxford St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3580 Oxford St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche E. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Howard Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1911

8. AGE: Years	Months	Days	If less than one day
30	9	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew A. Spriggs
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Dora Robinson
15. Birthplace Balto. Md.

16 (a) Informant Dora Spriggs
(b) Address 558 Oxford St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 21 1942 (month) (day) (year)
(c) Cemetery or crematory Harristown
Location Catonsville Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Signature of Registrar) Huntington Williams Registrar
APR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-42 19 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 19 42 to 4-17 19 42 and that I last saw him alive on 4-17 19 42

Immediate cause of death
Thrombo-Phlebitis
Due to Left Lower Limb.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. R. Hunter M. D.
Address 1a 33 Bond Ave Date signed 4-18-42

F 91401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E Registered No. F 91401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 W Calvert St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 33yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltcity
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 W Calvert St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Johnston Proctor

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: DeWitt W. Proctor
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 9 1877

8. AGE: Years 64 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Harrisonburg, Va.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Robert Johnston
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura E. Criss
15. Birthplace West Virginia

16 (a) Informant Mrs Julia P. Goldsborough (daughter)
(b) Address 4328 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-28-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart Mowyer Co.
(b) Address 108 W North Ave
Huntington Williams Md

19 Filed Apr 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941, to April 18 1942 and that I last saw him alive on 4/17 1942

Immediate cause of death

Duration

Asphyxia - Laryngeal Spasm — Instantaneous

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas R. Goldsborough
Address 2923 St Paul St Date signed 4/19/42

VS 1

F 91402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-A

F 91402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Oakmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Oakmont Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ETHEL [illegible] GAMBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband [illegible] William T. Gamber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1881

8. AGE: Years	Months	Days	If less than one day
60	9	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Addie Taylor
15. Birthplace Maryland

16 (a) Informant Mr. Lawrence L. Gamber
(b) Address 3703 Oakmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Finksburg, Md.
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) APR 20 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1936, to April 18 1942, and that I last saw h[illegible] alive on April 16 1942

Immediate cause of death: Carcinoma of ovary with metastases to liver and [illegible] intestinal tract — Duration: about 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation about a year ago

Major findings of operation: Carcinomatosis - ovary.

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joshua H. Arrowsmith M. D.

Address 1419 Windsor Mill Rd Date signed Apr 18 1942
Baltimore Md

F 91403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91403 Registered No. 83-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greenr Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Washington Blvd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Capitola Sheahan

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife James Sheahan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dies
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. John E. Sheahan
(b) Address 833 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) APR 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/1942 at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18/1942 to 4/18/1942 and that I last saw h.er alive on 4/18/1942

Immediate cause of death: Cerebral Vascular Accident — Duration: one d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. Ulrich M.D.
Address Univ. Hosp Date signed 4/18/42

VS 2

F 91404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No.

F 91404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynes
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Hudson Ave. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond H~~enry~~ LeRoy Henry

3 (b) If veteran, name war World

3 (c) Social Security Account No. 212-09-2239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Ruby Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1900

8. AGE: Years	Months	Days	If less than one day
42	3	11	hr. min.

9. Birthplace Carroll County, Maryland (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business Md. Title Guarantee Co.

FATHER
12. Name William Henry
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Sarah Rinehart
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Ruby Henry
(b) Address 4011 Hudson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md.

18 (a) Funeral director Wm. J. Dickson & Son
(b) Address North & Pa. Ave.

19 (a) APR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1942 to 4/18 1942; and that I last saw h[illegible] alive on 4/18 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheshire, M.D.
Address WBGH Date signed 4/18/42

VS 3

F 91405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 91405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) month 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 5-5-13 Sefton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. George C. Wenchel (DAISY G. WENCHELL)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Mrs. George C Wenchel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1863

8. AGE: Years 78 | Months 7 mos | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Wm H. Johnson
13. Birthplace md.

MOTHER 14. Maiden Name Fanna Chaney
15. Birthplace md.

16 (a) Informant Husband
(b) Address same as above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Wm J Trichon & Son
(b) Address North & Pa Aves.

19 (c) APR 20 1942 (Date rec'd by registrar) Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1942 to April 19 1942 and that I last saw h alive on 4-18-1942

Immediate cause of death: Cerebral hemorrhage — Duration 5 min.
Due to: cerebral metastasis — ?
Due to: generalized ca — 1 yr
Other Conditions: — one

(Include pregnancy within 3 months of death)
Date of operation Summer of '41
Major findings of operation: abdominal ca.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Leslie M. D.
Address Union memorial Hosp. Signed 4-19-42

VS 3

F 91406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. E 91406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution:
West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 Preastman (If rural give location)
1617
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Sorrell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Georgia A. Sorrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1895

8. AGE: Years	Months	Days	If less than one day
47	0	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerical
11. Industry or business P. R. R.

FATHER
12. Name Louis A. Sorrell
13. Birthplace New York

MOTHER
14. Maiden Name Addie B. Griffin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Georgia A. Sorrell
(b) Address 2931 Preastman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J Tickner & Sons
(b) Address North & Penna. Aves.

19 (a) APR 20 1942 (Registered by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 10 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942, to April 18 1942, and that I last saw him alive on April 18 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua M. Perman
Address W 5 G It
Date signed 4/18/42

F 91407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 91407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor
(b) Street address — Pratt St. and
(c) Hospital or institution: — East Falls Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERNARD SEWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Paper Hanger Self

11. Industry or business

FATHER 12. Name Abraham Sewell

13. Birthplace St Mary's Co Maryland

MOTHER 14. Maiden Name Frances Chase

15. Birthplace Charles Co Maryland

16 (a) Informant Willie Sewell

(b) Address 2224 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore City

18 (a) Funeral director Joseph A. Lively

(b) Address 409 N. Mount Street

APR 20 1942 (Date received by local registrar) Huntington Williams (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes

(a) Accident, suicide, or homicide Probably Accident

(b) Date of occurrence April 1942 at M

(c) Where did injury occur? Harbor (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?

(e) Means of injury Drowning

23. Signature H. L. W. Blanchard M.D. City Medical Examiner.

Date signed 4-16-42

VS 6

F 91408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 91408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Goldberg
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jack Goldberg
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) April 29, 1893
8. AGE: Years 48 | Months 11 | Days 20 | If less than one day: hr. min.
9. Birthplace N.Y. (town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name George W. Lea
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret Donlon
15. Birthplace Canada

16 (a) Informant Jack Goldberg
(b) Address 2424 Reisterstown Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.
18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.
19 (a) APR 20 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 8:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942 to April 18 1942 and that I last saw her alive on April 18 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive Cardiovascular disease	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. R. Graham, M.D.
Address University Hosp. Date signed 4-18-42

Undertaker F 91409 Body to Hall for

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1574

F 91409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Landown Sta
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Louis Helwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1941

8. AGE: Years	Months	Days	If less than one day
	4	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Charles

13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Barnes

15. Birthplace Md.

16 (a) Informant Charles Helwig

(b) Address 411 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (month) (day) (year)

(c) Cemetery or crematory Woodbridge Memorial Pk.

Location Wash. Blvd.

18 (a) Funeral director Simmons, Sons,

(b) Address 414 N. Fremont Ave

19 (a) APR 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942 to April 18 1942 and that I last saw him alive on April 18 1942.

Immediate cause of death Cardiac failure — Duration

Due to Morbus cerulens

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy Stenosis of Pulmonary Art.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg M.D.

Address St. Agnes Hosp. Date signed 4/21/42

VS 3

F 91410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Grantley Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Raymond Albert

3 (b) If veteran, name war: World
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Albert
6 (c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): May 28, 1899
8. AGE: Years: 42 Months: 10 Days: 21 If less than one day: hr. min.
9. Birthplace: Balto., Md (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: John T. Albert
13. Birthplace: Balto., Md

MOTHER
14. Maiden Name: Theresa Landsberg
15. Birthplace: Balto., Md

16 (a) Informant: Hospital records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apl 21/1942 (Month) (day) (year)
(c) Cemetery or crematory: Balto Hebrew
Location: Baltimore Maryland
18 (a) Funeral director: Harry H. Arnscott
(b) Address: 4202 Pedgewood Ave Huntington Williams Md.

APR 20 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-19 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942, to April 19 1942, and that I last saw him alive on April 19 1942.

Immediate cause of death: Lobar pneumonia — Duration: 1 week
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Pt alive

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: J.B.H. Gudmundsen / Surg
Address: US Marine Hosp Date signed: 9-19-42 M. D.

VS 3

F 91411 F 91411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E. Pratt Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ALBERT NICHOLS

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jeanette Lockman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1894

8. AGE: Years 48 | Months 0 | Days 26 | If less than one day: hr. min.

9. Birthplace Paris, Arkansas
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Samuel Nichols
13. Birthplace Illinois

MOTHER
14. Maiden Name Elizabeth Campbell
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 42 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Edmondson Ave.

18 (a) Funeral director W. Walter Gray
(b) Address 619 N. Bond St

19 (a) APR 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1942, 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1942, to April 15, 1942, and that I last saw h im alive on April 15, 1942.

Immediate cause of death: Cachexia and inanition — Duration: Unknown

Due to: Abscess of rt. lung — Unknown

Associated with: Bronchopneumonia — Unknown

Due To: Lymphosarcoma, generalized — Unknown

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury ARCHER

23. Signature Huntington Williams

Address US Marine Hospital, Baltimore, Maryland. Date signed 4/19/42

VS 8

F 91412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93-D

Registered No. F 91412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wayman Park Drive
(c) Hospital or institution: U.S. Marine Hospital, Balto., Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Spaulding Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Murray Thurston Nichols

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louise Huntley Nichols
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1898

8. AGE: Years	Months	Days	If less than one day
43 45	7	23 19	hr. min.

9. Birthplace Rochester, N.Y. (Town, county, and state)
10. Usual Occupation Elevator Mechanic
11. Industry or business

MOTHER / FATHER
12. Name Seymour Nichols
13. Birthplace Pittsford, N.Y.
14. Maiden Name Nellie Stobe
15. Birthplace Pittsford, N.Y.

16 (a) Informant Murray Nichols
(b) Address Hospital Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Memorial
Location Frederick Road

18 (a) Funeral director St. Walter Mary
(b) Address 619 N. Bouldin Ave

APR 20 1942 (Registrar) (b) Hunting Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1942, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942, to April 16 1942, and that I last saw him alive on April 16 1942.

Immediate cause of death: Congestive failure — Duration: 4 mo

Due to: Myocardial degeneration + a) Coronary sclerosis ?

Due to: 1) Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. T.B.H. Culbreth (Coroner) M. D.
Address U.S. Marine Hosp. Date signed 4-19-42

VS 3

91413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 Registered No. 91413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N Decker Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leslie Fox

3 (b) If veteran, name war —

3 (c) Social Security Account No. 077-18-0878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elsie E. Fox
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 26, 1900

8. AGE: Years	Months	Days	If less than one day
41	11	23	hr. min.

9. Birthplace Vermont (Town, county, and state)
10. Usual Occupation Gen'l
11. Industry or business Retail Coal Dealer

FATHER
12. Name Charles Fox
13. Birthplace ?

MOTHER
14. Maiden Name Carrie Cavitt
15. Birthplace ?

16 (a) Informant Elsie E. Fox
(b) Address 20 N. Decker St.

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 4-21-42 (month) (day) (year)
(c) Cemetery or crematory Marrisville
Location Vt.

18 (a) Funeral director Thomas F. Delaney
(b) Address 1405 W. Lafayette Ave.

APR 20 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1942; at 4:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death

	Duration
Sun-stroke + Heart	
Due to	
Due to	
Other Conditions Incipient	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-19-42 at 4 P.M
(c) Where did injury occur? 20 N. Decker St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Jumping from upper floor + pavement.

23. Signature Howard J. Haslam M.D. Medical Examiner.
Date signed 4-20-42

VS 6

F 91414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No.

F 91414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Williamson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Nancy Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1879

8. AGE: Years	Months	Days	If less than one day
63	2	14	hr. min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rev Simon Williamson
(b) Address 1234 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County

18 (a) Funeral director Mrs. R. G. Elliott & Son
(b) Address 1129 N. Carolina St

APR 20 1942 (b) Registrar

Filed by Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 1942 at 3:23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 14 1942 to Apr. 16 1942 and that I last saw h[illegible] alive on Apr. 16 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Malignant Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Pelham M.D.
Address Provident Hosp. Date signed 4/16/42

F 91415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 91415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD COX (Bell)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3202

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1910

8. AGE: Years 31 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Walter Cox
13. Birthplace Va.

MOTHER 14. Maiden Name Mollie Bell
15. Birthplace Va.

16 (a) Informant Mollie Scott
(b) Address 912 N. Dolley St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 22 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Greenbay Virginia

18 (a) Funeral director Mgr R. A. Elliott & Dgt
(b) Address 1129 N. Caroline St.

19 (a) APR 20 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942 at 5 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Bullet Wound of chest.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-19-42 at 3 a.m. P.M.
(c) Where did injury occur? 707 N. Wolfe St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury shot with revolver during

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 4-19-42

VS 6

F 91416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146-B

F 91416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Pearl Pauline Hyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Dewey Hyle
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1898

8. AGE: Years	Months	Days	If less than one day
43	3	21	hr. min.

9. Birthplace St. Marys Co. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name Dudley Millard
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Lucy Reed
15. Birthplace St. Marys Co. Md.

16 (a) Informant Dewey Hyle
(b) Address 907 Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R Williams
Address 3[illegible] Schroeder St.

19 (a) Apr 20 1942 (Date rec'd by registrar) Huntington Mills, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1942, to April 14, 1942, and that I last saw h[illegible] alive on April 14, 1942.

Immediate cause of death Paralytic Ileus
Due to Post-operative Pain
Caesarean Section
Due to Cornillian Uterus
Due To Premature Separation, Placenta
Due to Placental Apoplexy
Due To Pregnancy, Term
Other Conditions Post-op. Hemorrhage; shock
(Include pregnancy within 3 months of death)

Duration: over

Date of operation April 12, 1942
Major findings of operation: PTOFC, Placenta Accreta placenta, Cornillis Uterus
of autopsy: Paralytic Ileus, Post-op. Hemorrhage; shock

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter H. Caplan, M.D.
Address University Hosp. Date signed 4/15/42

VS 3

413007 F 91417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-B

F 91417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 EDMONSON AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIE JANIE CONNOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife WILLIAM CONNOR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-96

8. AGE: Years	Months	Days	If less than one day
45	5	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name JAMES BRANSON
13. Birthplace Md
14. Maiden Name ELIZABETH THOMAS
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) APR 20 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 18 1942 at 4.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 15 1942 to APR 18 1942 and that I last saw her alive on APR 18 1942

Immediate cause of death: Septicemia — Duration 4 wks.
Due to: Anerobic Streptococcus
Due to: Infected degeneration of myoma uteri
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Hinman M. D.
Address J. Hopkins Hosp. Date signed 4-18-42

VS 3

F 91418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91418

CERTIFICATE OF DEATH

131-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Cumberland St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Frank Butler

If U.S. Veteran specify WAR

(a) Residence: No. 722 Cumberland St., Ward 15

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Cullen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Butler

(Address) 722 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 4/21 1942

19. UNDERTAKER Geo. H. Kelson

(Address) Pleasantville

APR 20 1942

20. FILED 19 Hunter for Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 15 1942 to April 17 1942

I last saw deceased alive on April 17 1942 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 3 yrs

Other contributory causes of importance:

Bronchopneumonia — 4/15/42

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wallace Frey M. D.

(Address) 1928 Pennsylvania Ave

F 81419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 91419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 736 Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Warren ~~Cutler~~ T. McCoy Cutler

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-8662

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1922

8. AGE: Years 19 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Vinton McCoy

13. Birthplace Va

MOTHER 14. Maiden Name Dorothy Cutler

15. Birthplace Va

16 (a) Informant Vinton McCoy

(b) Address 736 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)

(c) Cemetery or crematory Parksley Va

Location

18 (a) Funeral director Geo. W. Kelly

(b) Address 1701 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to April 18 1942 and that I last saw him alive on April 18 1942

Immediate cause of death: Meningitis

Due to: Influenza

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Confirmed Immediate

Duration: 2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Nature of injury

23. Signature Ralph W. Reckling, M.D.

Address Provident Date signed 4/20/42

VS 3

F 91420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2238 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2238 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Geis

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Anna F. Geis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1883

8. AGE: Years	Months	Days	If less than one day
59	2	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O.R.R.

FATHER
12. Name Joseph S. Geis
13. Birthplace Baltimore?Md.

MOTHER
14. Maiden Name Caroline L. Trost
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Anna L. Engweiler
(b) Address 36 Kiawatha Rd Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick G. Cole
(b) Address 700 W. Lombard St

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

APR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to Apr. 16 1942 and that I last saw h Dead on arrival

Immediate cause of death	Duration
Hypertension-Arteriosclerosis	
Myocarditis,	5 yrs.
Due to	
Due to	
Other Conditions Coronary Thrombosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert C. Nuber M. D.
Address 257 W. Lanvale Date signed 4/18/42

H. L. Wollenweber M.D. attending

F 91421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Ostend St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Ostend St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mandy Conquest

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Alfred Conquest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 1889

8. AGE: Years 52 | Months 53 | Days 7 | If less than one day hr. min. 7

9. Birthplace Laurel Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Domestic

FATHER 12. Name Billy Williams

13. Birthplace Laurel, Md.

MOTHER 14. Maiden Name Eugine Gardner

15. Birthplace Laurel Md

16 (a) Informant Alfred Conquest

(b) Address 807 Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20th/42 (month) (day) (year)

(c) Cemetery or crematory Laurel M D

Location Laurel M d.

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brantley Ln

19 (a) (Date received) APR 20 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1942 at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to April 17 1942 and that I last saw h[illegible] alive on April 14 1942

Immediate cause of death — Duration

Cerebral Hemorrhage — 2 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry H Gates

Address 517 Scott St Date signed M. D. 4/18/42

VS 2

F 91422 HEALTH DEPARTMENT—CITY OF BALTIMORE F 91422

CERTIFICATE OF DEATH

95-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. Robinson St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME JAMES MOORE

If U. S. Veteran specify WAR

(a) Residence: No. 1611 E. Robinson St., ___ Ward. No. 2 Box Retreat Rd.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of LAURA MOORE.

6. DATE OF BIRTH (month, day, year): November 29, 1871

7. AGE: Years 70. Months 4. Days 19. If LESS than 1 day ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pensioned

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John. Moore

14. BIRTHPLACE (city or town) (State or country): Europe.

MOTHER

15. MAIDEN NAME: Mary Crisp

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Dorothy Thorn

(Address) 906 S. Hoston ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Carmel Date April 24, 1942

19. UNDERTAKER: Arendell & Heupel

(Address) 315 S. Bethel St.

20. FILED ___ 19___

APR 20 1942 Huntington Hollins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1942 to Apr. 15, 1942

I last saw him alive on April 15, 1942. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 years
Arterial Hypertension	10 yrs.
Cardiac Decompensation	2 mos.

Other contributory causes of importance: Old age

Was an operation performed? yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clarence F. Dorsey M. D.

(Address) 601 S. Atwood Ave.

F 91423
413035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

F 91423
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/11/06

8. AGE: Years	Months	Days	If less than one day
36	2	16	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation At-Home

11. Industry or business

FATHER
12. Name Edward Bogans
13. Birthplace N. C.

MOTHER
14. Maiden Name Rebecca Bebe
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Peter L. Young
(b) Address Sat-a. Carlisle & Co.

19 (a) APR 20 1942 (b) Huntington Williamsville, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942 to April 17 1942 and that I last saw her alive on April 17 1942

Immediate cause of death	Duration
Chronic Myeloid leukemia	3 yrs
Due to	
Due to	
Other Conditions Late latent syphilis, otitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type or place)
(e) Means of injury

23. Signature Roger L. Graf M. D.
Address Johns Hopkins Date signed 4-17

VS 8

F 91424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-e

F 91424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 755 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eliza A. Nicolai

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1849

8. AGE: Years 92 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business At Home

MOTHER / FATHER

12. Name J. C. Nicolai

13. Birthplace Germany

14. Maiden Name Susan W. Brininger

15. Birthplace Germany

16 (a) Informant John L. Nicolai

(b) Address 755 W. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 21. 1942 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location City

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son

(b) Address 801 W. Lafayette St.

19 (c) APR 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 9:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1942 to Apr 18 1942 and that I last saw h-er alive on Apr 18 1942.

Immediate cause of death: Bronchostasis Lungs. — Duration 8 days

Due to cardiac insufficiency

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Floyd Teufel

Address 2020 N. Charles Date signed 4/20/42

VS 3

F 91425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91425 Registered No. 83-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Walker,
3 (b) If veteran, name war
3 (c) Social Security Account No.

4 Sex: Male
5 Color or race: White
6 (c) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Matilda E. Walker,
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) June 18, 1861

8. AGE: Years 80 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Accomac Co. Va. (Town, county, and state)
10. Usual Occupation Tinner
11. Industry or business Roofing

FATHER
12. Name John Walker,
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mrs Matilda E. Walker,
(b) Address 2804 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave

19 (a) (b) Huntington Williams, M.D. Registrar
APR 20 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 20 42

21. I certify that death occurred on the date above stated: that I attended deceased from Apr. 13 1942 to Apr 20 1942 and that I last saw h[illegible] alive on Apr 14 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to: Arteriosclerosis	10 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Homer U Dodd M. D.
Address 735 N. Fulton Ave Date signed 4/20/42

BALTIMORE CITY HEALTH DEPARTMENT

F 91426

CERTIFICATE OF DEATH

83-a 91426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 E 25th St.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 E 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mr. George D Insley Sr.

3 (b) If veteran, name war no
3 (c) Social Security Account No. 212-05-9927

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Estelle B
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 21. 1881

8. AGE: Years	Months	Days	If less than one day
60	10	28	hr. ____ min.

9. Birthplace Berea Md (Town, county, and state)
10. Usual Occupation Ins Agent.
11. Industry or business

FATHER
12. Name George D Insley.
13. Birthplace Md

MOTHER
14. Maiden Name Susan Haramon
15. Birthplace Md

16 (a) Informant George D Insley.
(b) Address 312 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore

18 (a) Funeral director Williams Co
(b) Address 1219 E Baltimore St

19 (a) APR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1942, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18 1942, to Apr 19 1942, and that I last saw her alive on Apr. 18 1942.

Duration
Immediate cause of death Cerebral Hemorrhage	1 da
Due to Hypertension & Arteriosclerosis	?
Due to	?
Other Conditions	
Major findings: Of operations	
Of autopsy	

(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Louis E Goodman Jr M.D.
Address Franklin Sq. Hosp. Date signed 4/23/42

VS 2

F 91427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 91427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town.)
(d) No. 1923 Dundalk Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL NATHAN HOFF

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 188-03-2082

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jean B Hoff
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 16 1897
8. AGE: Years 45 | Months 3 | Days 2 | If less than one day: hr. min.
9. Birthplace: York Co Pa (Town, county, and state)
10. Usual Occupation: Ship Fitter
11. Industry or business: Bethlehem Steel Co

MOTHER / FATHER
12. Name: Jerry Hoff
13. Birthplace: Adams Co Pa
14. Maiden Name: Alice Stuffer
15. Birthplace: Adams Co Pa

16 (a) Informant: Mrs Jean B Hoff
(b) Address: 1923 Dundalk Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/21/42. (month) (day) (year)
(c) Cemetery or crematory: Mt Peace
Location: Tulsa Okla
18 (a) Funeral director: Wm Cahill
(b) Address: 1219 E Pratt St
19 (a) APR 20 1942 (Date rec'd by registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 3:50 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Pneumonia, lobar right — Duration:
Due to: Cirrhosis of liver atrophic (alcoholic)
Due to:
Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 4-19-42

VS 4

F 91428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 aF 91428

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gradison & Linkwood Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Wiegand St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Francis J. Brady

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rena M. Brady
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1873

8. AGE: Years	Months	Days	If less than one day
68	10	25	hr. min.

9. Birthplace Annapolis Md (Town, county, and state)
10. Usual Occupation Safe Keeper
11. Industry or business Self

FATHER
12. Name John Brady
13. Birthplace Md

MOTHER
14. Maiden Name Anna Revell
15. Birthplace Md

16 (a) Informant Rena M. Brady
(b) Address 1807 Wiegand St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Lookout Park
Location Balto Co Md

18 (a) Funeral director Wm Cox
(b) Address 1219 E Pratt St

19 (a) APR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1942, at 8:23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1942 to 4-18 1942 and that I last saw h[illegible] alive on 4-18 1942

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Adenomyoma Prostate Lt. indirect inguinal hernia

(Include pregnancy within 3 months of death)

Date of operation 3-23-42

Major findings of operation: adenomyoma Prostate

of autopsy.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Faragher M.D.
Address Md Gen. Hosp Date signed 4/18/42

VS 3

F 91429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 91429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5227 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5227 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Dexter

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-09-1972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Evelyn Mina Dexter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11th 1887

8. AGE: Years	Months	Days	If less than one day
56	10	7	hr. min.

9. Birthplace Berlin Pa. (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business Rosewood Con. Co.

FATHER
12. Name (Unknown) Dexter
13. Birthplace Pa

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Evelyn Dexter
(b) Address 5227 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 3 APR 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1942, 12-10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to April 18 1942, and that I last saw h~~im~~ alive on April 17 1942.

Immediate cause of death: Ch. Myocarditis — Duration: 3 years.
Due to: Arteriosclerosis.
Due to: Hypertension.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur ~~about~~ home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Hardesty M.D.
Address 4910 Belair Rd Date signed April 18/42

F 91430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91430

CERTIFICATE OF DEATH

940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Lyndhurst St. Ward 6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel D Bowers

If U. S. Veteran specify WAR

(a) Residence: No. 801 N Lyndhurst Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Deceased Samuel D Bowers

6. DATE OF BIRTH (month, day, year): Aug 26 1877

7. AGE: Years 64; Months 7; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): West Windsor Vt

FATHER

13. NAME: Jesse De Vilbiss

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Catherine Franklin

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Hattie De Vilbiss (Address) 801 N Lyndhurst Ave

18. BURIAL, CREMATION, REMOVAL: Place Mount Cathedral Date 4/21 42

19. UNDERTAKER: William Cook (Address) 1217 - St Paul St

20. FILED APR 20 1942 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 18, 42

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1942, to April 18, 1942

I last saw him alive on April 16, 1942. Death is said to have occurred on the date stated above, at 10:20 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-14-42

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Wyeng M. D.

(Address) 4000 Belmondow Ave

F 91431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 91431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 E. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 E. Lombard St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME JOSEPHINE or Giuseppina BARBERA

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220-03-1021

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anthony

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 12, 1894

8. AGE: Years 47 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation Coat Finisher

11. Industry or business Tailor Shop

FATHER
12. Name Paolo Enrico Donato
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Cicala
15. Birthplace Italy

16 (a) Informant Anthony Barbera
(b) Address 2045 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 524 N. Kenwood Ave

19 (a) Date received APR 20 1942 (b) Registrar Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 11:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: spontaneous
Due to:
Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D. Medical Examiner.
Date signed 4-18-42

VS 6

91432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St
(c) Hospital or institution: Md. Penitentiary Hospital
(d) Length of stay in hospital or institution (yrs., mos., or days) 10 mos 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Girdletree (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Norman Collick

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1912

8. AGE: Years 29 | Months 7 | Days 26 | If less than one day: hr. 25 min.

9. Birthplace Girdle Tree, Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Collick
13. Birthplace Girdle Tree, Md

MOTHER
14. Maiden Name Hattie Roller
15. Birthplace Girdle Tree, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL APR 20 1942
(a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
(c) APR 20 1942 Huntingtown, Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1942, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1942, to April 7 1942, and that I last saw him alive on April 6 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: Since 2-16-42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Aaronson M. D.
Address 1173 - St. Paul St Date signed April 7, 1942

VS 1

9040

Verified

F 91433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. E 91433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unidentified

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Abt. 45			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY MEDICAL SCHOOL APR 20 1942
Commissioner of Health

18 (a) Funeral director

(b) Address Per M. A. Moore

APR 20 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1942 at 11½ PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Alcoholic Intoxication	
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/6/42 at 10 PM
(c) Where did injury occur? Patapsco River (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specify type of place) While at work? No
(e) Means of injury Fall

23. Signature Huntington Williams M.D.
Medical Examiner.

Date signed 4/7/42

VS 4

9041

ELVA O. DEBARGE

F 91434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 91434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 Dellwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

1238

3 (a) FULL NAME Mrs. Elva C. DeBarge

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Married	Daniel F. DeBarge	years

7. Birth date of deceased (mo., day, yr.) Oct. 10 - 1886

8. AGE: Years	Months	Days	If less than one day
55	6	8	hr. min.

9. Birthplace Salem, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edgar Cox
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah J. Tyson
15. Birthplace Maryland

16 (a) Informant Daniel F. DeBarge
(b) Address 1237 Dellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-1942 (month) (day) (year)
(c) Cemetery or crematory Westerfield
Location Centreville, Queens County, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3621 Falls Road

19 (a) APR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1942 to Apr. 18 1942 and that I last saw her alive on Apr. 18 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Obstruction of small bowel by gall stone	
Other Conditions: Pathological dilatation of colon with stercoma.	

(Include pregnancy within 3 months of death)
Date of operation 4-11-42.
Major findings of operation: See above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Lemmon, M.D.
Address Mercy Hosp. Date signed 4/19/42

VS 1

F 91435

ANDREW W. JONES ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Hickory Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew W Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-03-1074

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Jane Stevens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3-1878

8. AGE: Years 63 | Months 5 | Days 15 | If less than one day: hr. min.

9. Birthplace Md. Baltimore Co. (Town, county, and state)

10. Usual Occupation Cabinet maker

11. Industry or business Carry Sales & Service

FATHER
12. Name Joshua Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Margaret Metrom
15. Birthplace Maryland

16 (a) Informant Mrs Sarah J Jones
(b) Address 4006 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Sept 24 (day) 1942 (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md

18 (a) Funeral director Horace F Burgee
(b) Address 2431 Falls Road

19 (a) (Date received) APR 20 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1942 at 7:54 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, that I last saw h alive on 19.

Immediate cause of death: Cardiac Failure — Duration
Due to: Arteriosclerotic C. V. D.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J C Jones M. D.
Address Date signed

F 91436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 91436

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 N Broadway (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Robt H. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1880

8. AGE: Years 61 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Thos A Settle
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Macdor
15. Birthplace Baltimore

16 (a) Informant Miss Lizzie Henderson
(b) Address 924 Chestnut Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto City

18 (a) Funeral director John Ellicott
(b) Address 2040 Orleans

19 (a) APR 20 1942 (Date received by registrar) (b) Huntington Williams, M.D. Address

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942 at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1942 to 4/19 1942 and that I last saw h alive on 4/19 1942.

Immediate cause of death Coronary Sclerosis

Due to Acute Cardiac Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr
1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Bomford
Address 2530 E Baltimore Date signed 4/20/42

F 91437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Mura St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Mura
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman N. Healy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-042

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ethel C Healy
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Jul 12 1903

8. AGE: Years	Months	Days	If less than one day
38	9	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Elmer B Healy
13. Birthplace Balto

MOTHER
14. Maiden Name Wilhelmina Hoffman
15. Birthplace Balto

16 (a) Informant Ethel C Healy
(b) Address 2113 Mura St

17 (a) burial (b) Date thereof April 23 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director John Ward
(b) Address 2008 Orleans St

APR 20 1942 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1942, to April 19 1942, and that I last saw h alive on April 19 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs
Due to Arterio Sclerosis	9 mos
Due to Hypertension	9 yrs
Other Conditions Chr Interstitial Nephritis	9 mos

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. P. A. Stearns M. D.
Address 2878 Hartford Av Date signed Apr 20 42

91438 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91438

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5306 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5306 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Albertina Oler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John H. Oler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 - 1869

8. AGE: Years	Months	Days	If less than one day
72	8.	26	hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Julius Arndt
13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Gregger
15. Birthplace Germany.

16 (a) Informant Mrs. Sallie Andrews
(b) Address 5306 Park Heights Ave

17 (a) Burial (b) Date thereof April 21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director Francis Cook-Eyler
(b) Address 1600 Pa. Ave. North

19 (a) APR 20 1942 (b) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1939 to April 18 1942
and that I last saw h[illegible] alive on April 18 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 1 day

Due to: ~~[illegible]~~ Hypertension — P

Due to: Arteriosclerosis — P

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Oler M. D.
Address 5611 Park Heights Ave Date signed 4-20-42

VS 2

91439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6054 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME FRANK XAVIER QUINNT

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife — — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77				

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Orderly-retired 2 yrs

11. Industry or business Mercy Hospital

FATHER
12. Name Michael John Quinnt -deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Kohr -deceased
15. Birthplace Germany

16 (a) Informant Mr. Joseph A. Quinnt (Brother)
(b) Address 1638 Montpelier St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 21. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave & Broadway.

19 (a) [illegible] Huntington Williams, M.D.
(b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942, at 10:15A M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to April 18 1942, and that I last saw h[illegible] alive on April 12 1942.

Immediate cause of death: Auricular Fibrillation — Duration: 1 day

Due to Arteriosclerotic Heart Disease — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammerer Jr.
Address Mercy Hospital Date signed 4/18/42

F 91446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135-2 Registered No.

F 91446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 W Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 W. Balto. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick P. Klinesmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Bertha (Bauer)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28 1859

8. AGE: Years	Months	Days	If less than one day
82	3	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B & O. R.R.

FATHER
12. Name Christian Klinesmith
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs Bertha (Bauer) Klinesmith
(b) Address 2310 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3800 Frederick ave

18 (a) Funeral director Harry H Wetzke
(b) Address 4101 Edmondson ave

19 (a) APR 20 1942 (Delivered by Registrar) (b) Huntington Mill Baltimore

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to 4/18 1942 and that I last saw him alive on 4/18 1942

Immediate cause of death: Cystitis
Due to: Ulceration Abdullation

Duration

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:

of autopsy: ~~If death was due to external causes, fill in the following:~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. V. Hannaker M. D.
Address 1945 W Balto St Date signed 4/20/42

VS 2

F 91441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

F 91441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Camp Rodman (If outside city or town limits, write RURAL and give town)
(d) Street No. Aberdeen Proving Ground (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Dance

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Child
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Mar. 5, 1942
8. AGE: Years 5 Months 1 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace Wash. D.C. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Lee Isaac Dance
13. Birthplace Va

MOTHER
14. Maiden Name Nona Leach
15. Birthplace Tenn.

16 (a) Informant Mr. Lee Isaac Dance
(b) Address Camp Rodman A.P.G. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery or crematory Bethel Ch. Cem. Location Hallfax Co. Va.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace, Md.

19 APR 20 1942 (Date rec'd by registrar) Interment in Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to April 20 1942, and that I last saw him alive on April 20 1942.

Immediate cause of death: Pneumococcal meningitis

Due to: Left lobar pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Rexell M. D.
Address Univ. Hosp. Date signed 4-20-42

VS 2

91442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B

Registered No. F 91442

1. PLACE OF DEATH: Gardens of Christ Hosp.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 183 Hasell Street
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL JAMES HOHMANN

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0786

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/19/1898

8. AGE: Years 43. | Months 7 | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Baltimore Transit Co.

FATHER
12. Name George A. Hohmann
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Catherine
15. Birthplace Baltimore Maryland

16 (a) Informant Catherine Hohmann
(b) Address 183 Hasell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director J. B. Weishaar & Son
(b) Address 1726 Eutaw Place

19 APR 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1942 at 4:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1942 to April 19 1942; and that I last saw h alive on April 19 1942.

Immediate cause of death Intestinal Obstruction — Duration

Due to

Due to

Other Conditions Bronchial Pneumonia

(Include pregnancy within 3 months of death)

Date of operation April 16 1942

Major findings of operation: Ruptured appendix with fecalith (Eye Bureau) Incision of autopsy: See above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Huntington Williams, M.D.
Address St. Joseph's Hosp signed 4/20/42

VS 8

F 91443

F 91443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 2-4-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Webster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Miller (Lillian Kaskowicz) 72522

3 (b) If veteran, name war: W

3 (c) Social Security Account No.:

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: John

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1918

8. AGE: Years 23 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation waitress

11. Industry or business

MOTHER / FATHER

12. Name Anthony Miller (Kasghirowy)

13. Birthplace Poland

14. Maiden Name Mary Anna Wisniewski

15. Birthplace Poland

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Bloomfield Md.

18 (a) Funeral director Williams Co.

(b) Address 1219 Druid Hill Ave.

19 (a) APR 20 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942, at 6:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1942, to Apr. 20 1942, and that I last saw her alive on Apr. 20 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 mos?

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp. Date signed 4-20-42 M.D.

VS 3

413960

91444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No. F 91444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Ashton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Wallace Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-64

8. AGE: Years	Months	Days	If less than one day
77	4	15	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Samuel Bond
13. Birthplace Md
14. Maiden Name Sara Parsley
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/942 (month) (day) (year)
(c) Cemetery or crematory Woodside
Location Montgomery Co Md

18 (a) Funeral director Roy W Barker
(b) Address Rockville Md

19 (a) Filed APR 20 1942 (b) Registrar Huntington Williams, M.D.
(Filled in by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to April 20 1942 and that I last saw deceased alive on April 20 1942

Immediate cause of death Carcinoma of Pancreas
Metastases to liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Same

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. S. Parsell M. D.
Address Johns Hopkins Hosp. Date signed

VS 8

F 91445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Stock Yards near St Marys Industrial School
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel air. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Dever.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susan Canty Dever
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 1879 1870

8. AGE: Years 72 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Calvary Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name George V Dever
13. Birthplace Penn

MOTHER 14. Maiden Name Mary S Arnold
15. Birthplace Md

16 (a) Informant Mrs Susan C Dever
(b) Address Bel-Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)
(c) Cemetery or crematory Bakers Cem
Location

18 (a) Funeral director Degue & Foster
(b) Address Bel Air Md

APR 21 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1942 at 3 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from Never 19 , to 19 ,
and that I last saw h alive on Never 19 .

	Duration
Immediate cause of death Cerebral hemorrhage	1 hr.
Due to Hyper tension	10 years
Due to	
Other Conditions Dead on arrival at hospital	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Dorsey M. D.
Address St Agnes Hosp Date signed 4/21/42

F 91446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 91446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 007
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 520 Johnson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PRIMES FRAZIER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-5515

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	unknown

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1904

8. AGE: Years	Months	Days	If less than one day hr.	min.
38				

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace unknown

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson

(b) Address 916 Eutaw ave

19 (a) Filed APR 21 1942 (Date must not be later than 10 days after death) (b) Signature Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1942, at 7 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractures, multiple, pelvis & left leg — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 17, 1942 at 6 25 M
(c) Where did injury occur? Curtis Bay Anne Arundel County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Crushed by conveyer belt

23. Signature H. L. Wolfenstein M.D. Medical Examiner.

Date signed 4-17-42

F 91447 ER

F 91447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore 26 yrs., 12 mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 West Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Harmon

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	~~married~~

6 (b) Name of husband or wife Charlotte Harmon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1897

8. AGE: Years	Months	Days	If less than one day
44	12	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Fred Harmon
13. Birthplace Virginia

MOTHER
14. Maiden Name Maggie Perkins
15. Birthplace Virginia

16 (a) Informant Pt.
(b) Address 800 West Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Long Green Md. Baltimore County

18 (a) Funeral director William A. Peterson
(b) Address 916 Pennsylvania ave

19 4-21 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1942, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942, to 4-18 1942, and that I last saw him alive on 4-18 1942.

Immediate cause of death	Duration
Trauma	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-19-42

VS 3

F 91448

F 91448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Jackson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Jackson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Louis

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mae Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1873

8. AGE: Years 68 | Months 9 10 | Days 2 22 | If less than one day hr. min.

9. Birthplace New York (Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business Ches Paper Co.

FATHER
12. Name Jeremiah Louis
13. Birthplace France

MOTHER
14. Maiden Name Harriet Workman
15. Birthplace France

16 (a) Informant Beatrice Gleason
(b) Address 811 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23-42 (month) (day) (year)
(c) Cemetery or crematory Marley Cem.
Location A.A.C.

18 (a) Funeral director William Goh.
(b) Address 217 St Paul St.

19 (a) (Name of hospital or institution) (b) Huntington Williams, M.D.

APR 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 20 1942 at 8 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942 to 4-20 1942, and that I last saw him alive on 4-19 1942.

Immediate cause of death Coronary Thrombosis — Duration 3 Days

Due to Arteriosclerosis — 3 yr.?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Tolliod M. D.
Address 707 Fort Ave. Date signed 4-20-42

F 91449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9 Registered No. F 91449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 S. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 N. Eden st. 94
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Plantholf

3 (b) If veteran, name war W

3 (c) Social Security Account No. 1120

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

Month, date of birth

7. Age: Years	Months	Days	If less than one day
87	0	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Frederick Plantholf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John T. Plantholf
(b) Address 1329 N. Eden St.

17 (a) Burial (b) Date thereof 4/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul st

19 (a) Filed MAY 1 1942 (b) Registrar Huntington Williams, M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1942, at 6:30 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from April 1 1942 to April 18 1942 and that I last saw h[illegible] alive on 4/17 1942

Immediate cause of death
Uremia
Due to
Due to
Other Conditions Arteriosclerosis
Hypertension
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John G. Johnson M. D.
Address 137 S. Charles St Date signed 4/20/42

VS 3

F 91450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91450 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 200 West 21st St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 200 West 21st St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY J. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1867

8. AGE: Years	Months	Days	If less than one day
74	4	18	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Harry K. Keys

13. Birthplace Va.

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Maggie Harris

(b) Address 200 W. 21st Street

17 (a) Burial (b) Date thereof 4-22-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem.

Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 578 W. Biddle St.

19 (a) (b)

APR 21 1942 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 19, 1942, at 8:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1942, to April 19 1942, and that I last saw h[illegible] alive on April 19 1942

Immediate cause of death: Intestinal Obstruction
Chronica

Due to

Due to

Other Conditions Gangrene both feet

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration: 10yrs? / over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Wm. H. Wright M.D.

Address 1209 Pressman Date signed 4-22-42

F 91451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 91451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4222 Curtis ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4222 Curtis ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nora J. Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Junious

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1876

8. AGE: Years 65 | Months 4 5 | Days 28 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Edward McGarvity

13. Birthplace Balto Md

MOTHER 14. Maiden Name Nora Hopkins

15. Birthplace Ireland

16 (a) Informant Mrs. Annabelle Parker

(b) Address 3436 Ninth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location a.g.c.

18 (a) Funeral director Maurice J. Flynn

(b) Address 1422 Light St

APR 21 1942 (Delivered by Undertaker) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 41 to April 19 1942, and that I last saw h[illegible] alive on April 6 1942.

Immediate cause of death Carcinoma of Left Breast with Metastases to Brain — Duration 6 months

Due to Blindness due to above

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 320 Cathedral Ave Date signed 4/22/42 M. D.

VS 3

F 91452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 91452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY AUGUSTA KLOTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	widowed

6 (b) Name of husband ~~or wife~~ Charles F. Klotz 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1850

8. AGE: Years	Months	Days	If less than one day
91	10	2	hr. min.

9. Birthplace Carlisle, Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name George Grossman
13. Birthplace Germany

MOTHER 14. Maiden Name Hannah Kleffman
15. Birthplace Germany

16 (a) Informant Miss Rose Klotz
(b) Address 2401 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves. Balto., Md.

APR 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 6.39 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1915 to April 20 1942 and that I last saw h[illegible] alive on April 15 1942

Immediate cause of death Acute Myocarditis — Duration

Due to Chronic Myocarditis

Due to

Other Conditions Rodent ULCER (Left Breast) (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence E. Macke M. D.
Address 2900 GARRISON BLVD. Date signed Apr 22 1942

VS 3

F 91453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 91453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Harford Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Wilkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11-1909

8. AGE: Years	Months	Days	If less than one day
32	10	9	Hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business U. S. Army.

FATHER
12. Name Bernard A. Wilkins
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Pell.
15. Birthplace Baltimore, Maryland

16 (a) Informant Records of Mercy Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Road

18 (a) Funeral director Henry Hoerchs Sons Inc.
(b) Address 1301 E Eager St.

APR 21 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942 to April 20 1942 and that I last saw him alive on April 20 1942.

Immediate cause of death	Duration
Acute staphylococcic & streptococcic infection.	
Due to Chronic nephritis & Carcinoma of sigmoid colon	
Due to	
Other Conditions Emphysema & Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation 4/11/42

Major findings of operation Mass at sigmoid

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Pickrell

Address Mercy Hospital Date signed 4/21/42

VS 3

F 91454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 91454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2937 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 2937 N. CALVERT ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Bunnell Fargo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna LOUISE HENDAL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 19 1860

8. AGE: Years 82 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Skimers Eddy - Penn -
(Town, county and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name ASA BISHOP FARGO
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Henriett Kent
15. Birthplace New Jersey

16 (a) Informant JESSIE KENT FARGO
(b) Address 2937 N. CALVERT ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22nd 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road

18 (a) Funeral director Cookhilling & Sons
(b) Address 3604 Greenmount Ave

19 (a) APR 21 1942 (Date rec'd by Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 19 1942 at 10.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 15 1941 to APL 19 1942 and that I last saw him alive on APL 19 1942

Immediate cause of death

HYPERTENSIVE CARDIO-
VASCULAR DISEASE

Duration: 3 YRS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fritz J. Kimzey M. D.
Address 2700 Harford Rd Date signed 4/19/42

F 91455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-M

F 91455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Mueller Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Mueller (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Gummer Sr.

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 217-07-4470

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife MARY C. GUMMER

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 27/1881

8. AGE: Years	Months	Days	If less than one day
60	6	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Camp Holabird

FATHER
12. Name Thomas Gummer
13. Birthplace Germany

MOTHER
14. Maiden Name Kunnugunda Wagner
15. Birthplace Germany

16 (a) Informant Mary MARY C. Gummer (Wife)
(b) Address 3403 Mueller St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

18 (a) Funeral director Lilly & Enders Inc.
(b) Address 403 S. Wolfe St. Huntingtown Williams, M.D.

19 (a) APR 21 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20- 1942, at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D. Medical Examiner.
Date signed 4-20-42

VS 6

F 91456 F 91456

414621 med exam case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N Lakewood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter J. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	215 01 6047	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 7 1918

8. AGE: Years	Months	Days	If less than one day hr.	min.
24	2	13		

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation None
11. Industry or business FORMELY AT CONT. CAN. CO.

MOTHER / FATHER
12. Name Walter Smith
13. Birthplace BALTO. MD.
14. Maiden Name MARGARET HENNING
15. Birthplace BALTO. MD.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 23/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly & Zeidler
(b) Address 403 S. WOLFE ST.

19 (a) APR 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 20 1942 at 4.50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1942 to Apr 20 1942 and that I last saw h alive on Apr 20 1942.

Immediate cause of death	Duration
Renal failure	
Due to Bichloride of mercury poisoning	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Necrosis of stomach & swollen Kidney
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 4/17/42 at 8 P M
(c) Where did injury occur? Baltimore 414 N. Lakewood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home public place (Specify type of place) While at work?
(e) Means of injury Ingestion of Hg Cl2, 3.5 Tabs

23. Signature Robert C. Abeshaus
Address Johns Hopkins Hosp. Date signed 4/20/42
Howard J. Andersen M.D.

VS 3

WA 1499

F 91457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 184

F 91457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Pentridge Rd apt. 305
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Pentridge Rd apt. 305 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John D. Balsley

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Florence Balsley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 1st 1906

8. AGE: Years	Months	Days	If less than one day
35	5	18	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Military Parts Depot

FATHER
12. Name John M. Balsley
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Wilhelmina McIntosh
15. Birthplace Halifax Nova Scotia

16 (a) Informant Paul D. Gardner
(b) Address 1404 Kingsway Rd

17 (a) Removal (Burial, cremation, removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery or crematory Atlanta
Location Georgia

18 (a) Funeral director William Cook
(b) Address 1267 St. Paul St

19 (a) APR 21 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1942, at 10 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by Autopsy and Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Shotgun wound chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accidental
(b) Date of occurrence 4-19-42 at 4 A M
(c) Where did injury occur? 1601 Pentridge Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? apt. House While at work? No (Specify type of place)
(e) Means of injury Discharge of shotgun

23. Signature Howard J. Thalheimer M.D. Medical Examiner
Date signed 4-20-42

VS 6

F 91458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 91458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Guilford Ave.
(c) Hospital or institution: Own Residence
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City of Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Guilford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? NO years

3 (a) FULL NAME Dorothy Maria Fifer

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Geo. William Fifer, Jr.
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 28, 1904

8. AGE: Years	Months	Days	If less than one day
37	10	22	..... hr. ..... min.

9. Birthplace Near Williamsport, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Homer J. Cavanaugh
13. Birthplace ALTOONA - PENNA.

MOTHER
14. Maiden Name Nora WEAVER
15. Birthplace CLEAR Spring - MD.

16 (a) Informant Mr. Geo. William Fifer, Jr. (Husband)
(b) Address 2922 Guilford Ave., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesvill, Md.

18 (a) Funeral director Stewart & Mowen Comapny
(b) Address 1000 N. North Av. (W. F. Mooden-Suc.)

19 (a) APR 21 1942 (Date rec'd by registrar) (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1942 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942 to April 20 1942 and that I last saw h[illegible] alive on April 19 1942.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to Cancer Carcinomatosis	1½ Months
Due to Beginning Pneumonia ? Rectum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Kenyon M.D.
Address Westminster, Md. Date signed Apr 20 42

VS 3

AB-73004

F 91459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 ✓ F 91459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Wilson St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Paynter

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-9907

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1890

8. AGE: Years	Months	Days	If less than one day
51	6	21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta
15. Birthplace Md.

16 (a) Informant
(b) Address BCH Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) APR 21 1942 (Date rec'd by registr.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1942 at 12 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 to 4-18 1942, and that I last saw him alive on 4-18 1942.

Immediate cause of death	Duration
Pulmonary Embolus?	1 hr
Due to Infected Hematoma Rt. Thigh	3 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-4-42

Major findings of operation: Infected Hematoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard B Stebbins M. D.
Address Balt City Hosp Date signed 4-19-42

VS 8

91460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 91460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 Boyd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Boyd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Kook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel J. Kook Sr.
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1879

8. AGE: Years	Months	Days	If less than one day
63	1	30	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Samuel J. Kook Sr.
(b) Address 2022 Boyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave.

18 (a) Funeral director John J. Brogan & Son
(b) Address 900 Hollins St.
(c) Date rec'd by registrar APR 21 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942, at 5 29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942, to April 20 1942 and that I last saw her alive on April 20 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day
Due to: Generalized Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Kupp M. D.
Address 3030 Edmondson Ave. Date signed 4/21/42

VS 3

A. J. Wollenweber, M.D. per S.M.T.

F 91461 1
413991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 91461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mexico (b) County
(c) City or town Mexico City (If outside city or town limits, write RURAL and give town)
(d) Street No. Citlalpetl 68 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carl Meyer Kalb

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Vera

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 9-2-11

8. AGE: Years	Months	Days	If less than one day
30	7	19	hr. min.

9. Birthplace Mexico (Town, county, and state)

10. Usual Occupation Exporter

11. Industry or business

FATHER 12. Name Adolph Kalb
13. Birthplace Austria

MOTHER 14. Maiden Name Eugenia Graust
15. Birthplace Austria

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 42 (month) (day) (year)
(c) Cemetery or crematory San Antonio Texas
Location

18 (a) Funeral director Sol Garrison or Boss
(b) Address 1124-26 W. North ave Huntington Williams, W. Va.

APR 21 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1942 to Apr 21 1942 and that I last saw him alive on Apr 21 1942.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Cerebral hemorrhage — 10 days

(Include pregnancy within 3 months of death)

Date of operation April 4, 1942

Major findings of operation: Hemorrhage, R. temporal lobe.

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address J-H-H Date signed 4-21

VS 3

G J Ottenasek

91462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hollinger (Births F-47741)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1942

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Eli Francis Hollinger
13. Birthplace Harrisonburg Va

MOTHER
14. Maiden Name Beulah Mae Finch
15. Birthplace Fortuna Co., Va.

16 (a) Informant Beulah Mae Finch Hollinger
(b) Address 1309 Hollins St Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 21 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Meyer

19 (a) APR 21 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1942 to April 20 1942, and that I last saw him alive on April 19 1942.

Immediate cause of death prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Romain M.D.
Address 208 S. Belnord Ave. Date signed April 20 1942

VS 3

9043

F 91463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No. F 91463

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 Garrett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Garrett Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

9-7

3 (a) FULL NAME: ROSE MUFFOLETTO

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Salvatore Muffoletto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1882

8. AGE: Years	Months	Days	If less than one day
59	6	4	hr. min.

9. Birthplace Cefalu' Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Nunzio Venoziano
13. Birthplace Italy

MOTHER
14. Maiden Name Maria A. Piraino
15. Birthplace Italy

16 (a) Informant Salvatore Muffoletto (Husband)
(b) Address 2629 Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 APR 21 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942 at 11 E. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1940 to Apr. 19 1942 and that I last saw her alive on Apr 18 1942

Immediate cause of death: Carcinoma of Cervix — Duration: about 2 1/2 yrs. to 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Dec 8 - 1940

Major findings of operation: Edema Carcinoma of Cervix

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No at M
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? No (Specify type of place)
(e) Means of injury None

23. Signature Edward P. Smith M. D.
Address 920 St. Paul St. Date signed 4/29/42

VS 3

F 91464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 91464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4219 Ridgewood
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4219 Ridgewood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Magee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Mary Magee
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 29 1871

8. AGE: Years	Months	Days	If less than one day
71	2	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Penna Railroad

FATHER
12. Name Don't know
13. Birthplace

MOTHER
14. Maiden Name Don't Know
15. Birthplace

16 (a) Informant Miss Marie Magee
(b) Address 4219 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 /42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetry
Location Windsor Mill Road Balto Md

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

APR 21 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1942 at 4-15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1942 to 4-19 1942 and that I last saw h— alive on 4/19 1942.

Immediate cause of death Broncho Pneumonia — Duration 3 Dys.
Due to Influenza
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph R. Lankarter M. D.
Address 679 Washington Blvd Date signed 4/20/42

VS 8

F 91465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 91465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Cedarcroft Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Cedarcroft Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret S. Cochrane

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William F. Cochrane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1885

8. AGE: Years	Months	Days	If less than one day
57	1	10	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Ireland

16 (a) Informant Miss Mary K. Cochrane
(b) Address 205 Cedarcroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Lee
(b) Address 805 N. Calvert St.

19 (a) APR 21 1942 (Date received, 1942) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH April 20, 1942, at 12.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1942 to Apr. 18, 1942, and that I last saw her alive on April 18, 1942.

Immediate cause of death	Duration
Respiratory failure	
mal nutrition,	
Due to Cancer (carcinoma colon,)	
Due to	
Other Conditions anemia.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Posey Hall, M. D.
Address 1229 Calvert St. Date signed Apr. 21, 1942

VS 3

F 91466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 91466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILTON Sowden CHAMBERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single, married, widowed,~~ or divorced. Married

6 (b) Name of husband or wife Edna Maude Knocher

6 (c) If alive, give age - ~~(Years)~~

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1875

8. AGE: Years ~~Months~~ 67 ~~5~~ Days 5 If less than one day -- hr. -- min.

9. Birthplace Howard County, Md.
(Town, county, and state)

10. Usual Occupation Marble Dealer

11. Industry or business - - - -

FATHER 12. Name Levi Chambers

13. Birthplace Howard County, Md.

MOTHER 14. Maiden Name Mary Holland

15. Birthplace Howard County Md.

16 (a) Informant Mrs. Edna M. Chambers

(b) Address 1526 N. Caroline St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md.

18 (a) Funeral director Henry W. Meads & Son

(b) Address 503 N. Gilmor St.

19 APR 21 10 ?? M (Date rec'd by registrar) Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 3a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions 40

(Include pregnancy within 3 months of death)

Date of operation 40

Major findings of operation:

Autopsy: 40

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wallenmaier M.D.
Medical Examiner.
Date signed 5-21-42 (Corr.)

VS 6

91467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 — Registered No. E 91467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home & Infirmary (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1855

8. AGE: Years	Months	Days	If less than one day
86 yrs.	4	20	hr. min.

9. Birthplace Front Royal Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Hanson Dorsey
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Amanda Castleman
15. Birthplace Clarke Co., Va.

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Family Lot
Location Front Royal Va.

18 (a) Funeral director Foley & MacNabb
(b) Address Catonsville Md

19 (a) APR 21 1942 Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21/42 19 , at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 4/21/42 ; and that I last saw h alive on 4/21/42

Immediate cause of death	Duration
Bronchopneumonia	10 hr.
Due to Cerebral Hemorrhage	10 da.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Ritchey
Address Church Home & Infirmary Date signed 4/21/42 M. D.

YB 3

F 91468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No.

F 91468

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County
(c) City or town New Orleans
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Cohen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Louis Cohen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1905

8. AGE: Years	Months	Days	If less than one day
36	11	19	hr. min.

9. Birthplace Louisiana New Orleans
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Florence Byrnes
15. Birthplace South Carolina

16 (a) Informant Mr. Louis Cohen
(b) Address 200 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cemetery - St. Paul's
Location 5600 Cardiff Ave

18 (a) Funeral director Joseph Faraci Inc
(b) Address 2013 Greenmount Ave

19 APR 22 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942; at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942 to Apr 20 1942 and that I last saw her alive on April 18 1942

Immediate cause of death: Cerebral failure — Duration: 1 day

Due to hypocandrits

Due to Intestinal Carcinoma of uterus

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer
Address 506 E. North Ave Date signed 4-21-42

VS 8

F 91469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

F 91469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Shaller (Birth F-47771)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/20/42

8. AGE: Years	Months	Days	If less than one day
			20 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Jr. Shaller
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Mary Heinle
15. Birthplace Balto. Md

16 (a) Informant Henry Jr. Shaller
(b) Address 7 N. Highland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 22 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto.
18 (a) Funeral director Jos. F. Herrt Son
(b) Address 2212 Kentucky ave
19 (a) (Date rec'd by registrar) Huntington Williams M.D.

APR 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21-42 19 at 8 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-42 19 to 4-21-42 19, and that I last saw h.l.t.a. alive on 4-21-42 19.

Immediate cause of death: Atelectasis - pulmonary — Duration: Cong.
Due to: Premature 32 weeks (wt. 3#)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William J. Lynch M. D.
Address 7 Jay St Date signed 4-21-42

F 91470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 91470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 N. Carolina St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1912

8. AGE: Years	Months	Days	If less than one day: hr.	min.
29	9	18		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Gertrude Ford
15. Birthplace Md.

16 (a) Informant Ethel Woodson
(b) Address 1233 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. A. County Md.

18 (a) Funeral director Mrs R. A. Elliott Dept.
(b) Address 1129 N. Carolina St.

(c) Date received APR 22 1942 (d) Registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to fall	
Due to Psychosis, Toxic	
Other Conditions Pneumonia, lobar	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-20-42 at M
(c) Where did injury occur? 1233 N. Carolina (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall from roof 40 ft

23. Signature H. K. Wallenmeyer M.D.
Acting Medical Examiner
Date signed 4-21-42

VS 6

F 91471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 91471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sylvia Blum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife David Blum

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1942

8. AGE: Years	Months	Days	If less than one day
41	6	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name David Freedman
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie Katzoff
15. Birthplace Russia

16 (a) Informant David Blum
(b) Address 3726 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 124-26 W. North ave

19 (a) APR 22 1942 Attending Physician Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1942 to 4/21 1942 and that I last saw h[illegible] alive on 4/21 1942

Immediate cause of death — Duration

Cerebral Hemorrhage — 4 hrs

Due to Hypertension — 1 yr?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gold M. D.
Address WBJH Date signed 4/21/42

F 91472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91472 Registered No. 94

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Weaver Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Weaver Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Marks.

3 (b) If veteran, name war no.

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1858

8. AGE: Years 84 | Months | Days 15 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Bowman

13. Birthplace Pa

MOTHER 14. Maiden Name Isabelle Airheart

15. Birthplace Pa

16 (a) Informant Mrs. Frank Hepburn

(b) Address 3021 Weaver Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)

(c) Cemetery or crematory Shrewsbury

Location Shrewsbury, Pa

18 (a) Funeral director Howard N. Blight, Jr.

(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) APR 22 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1942 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1942 to 4/20 1942, and that I last saw h[illegible] alive on 4/[illegible] 1942.

Immediate cause of death Coronary Thrombosis. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 5763 Harford Rd Date signed 4/[illegible]/42

F 91473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91473

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 4001 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TYLOR N. HARRISON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Elizabeth (Doe)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1899

8. AGE: Years	Months	Days	If less than one day
43	3	29	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Confectionary Store

11. Industry or business 4001 Edmondson Ave.

FATHER
12. Name Elmory D. Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Allen
15. Birthplace Va.

16 (a) Informant Anna Elizabeth (Doe)
(b) Address 4001 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Lotharel Cem.
Location 4200 Old Frederick Road

18 (a) Funeral director Harry A. Wellhausen
(b) Address 401 Edmondson Ave

19 APR 22 1942 (b) Huntington Williams M.D.
(Registrar's signature) (Medical Examiner)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 5:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. (Medical Examiner)

Date signed 5-20-42

F 91474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 Registered No. F 91474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Chalford Apts
(c) Hospital or institution Roland Park Maternity
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 University Pky + Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisville C Evans

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George W Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1880

8. AGE: Years 61 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace Kent Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wilborn Lister Culp
13. Birthplace Penna

MOTHER
14. Maiden Name Bella Melvin
15. Birthplace Kent Co Md

16 (a) Informant Wilborn L Evans
(b) Address 811 Tunstead Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Evans
Location Baltimore Md

18 (a) Funeral director Wilborn Cox
(b) Address 529 E Lanvale St

19 (a) APR 22 1942 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to 4/21 1942.
and that I last saw h alive on 4/21 1942.

Immediate cause of death: Cerebral Embolus — Duration: 1 hour
Due to
Due to
Other Conditions: Arterio-sclerosis, Acute Dilation — 2
(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack A. Morgan M. D.
Address 6-E Read St. Date signed 4/21/42

VS 3

F 9147.5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-D

Registered No. F 9147.5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington st
(c) Hospital or institution:
Aged Women's + Aged Mens' Home
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 3yr 8mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lee Knicker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1865

8. AGE: Years	Months	Days	If less than one day
77	3	3	hr. min.

9. Birthplace Madison, Va.
(Town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Home for the Aged

FATHER
12. Name John M. Knicker
13. Birthplace

MOTHER
14. Maiden Name Fannie M.
15. Birthplace

16 (a) Informant Records Aged Women's + Aged Men's Home
(b) Address 1400 W. Lexington
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (c) APR 22 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1942, at 8 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12/19/1939, to 4/19/1942, and that I last saw him alive on 4/18/42 19.

Immediate cause of death: Hemiplegia, lt.
Due to Generalized arterio-sclerosis and hypertension.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 3 1/2 days. / 7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin P. Jarrell. M.D.
Address 1115 St. Paul St. Signed 4/20/42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91476 F 91476

CERTIFICATE OF DEATH ✓ 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E FORT AVE St. 24-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME FRANCIS FRANK BUSCH

If U. S. Veteran specify WAR _____

(a) Residence: No. 419 E FORT AVE St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MARIE BUSCH

6. DATE OF BIRTH (month, day, year) DEC 19-1876

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Councilman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME HENRY. BUSCH

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME MARY L. KÜMMEL

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT MARIE BUSCH.
(Address) 419 E. FORT. AVE

18. BURIAL, CREMATION, OR REMOVAL
HOLY CROSS A.A. Co. Date 4-24. 194

19. UNDERTAKER Bernard E. Hasle
(Address) 121 E West St

20. FILED _____ 19__ Huntington Williams, Registrar.

APR 22 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1942

22. I HEREBY CERTIFY, That I attended deceased from April 4th 1942 to April 21 1942

I last saw h.. alive on April 21 1942 Death is said to have occurred on the date stated above, at 4:40 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1940
Other contributory causes of importance: Diabetis Mellitus	1940

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Sidney H. Stuart M. D.

(Address) 4210 E. Fort Ave.

F 91477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V108

F 91477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4508 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4508 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Gault Blick

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Carroll W Blick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1876

8. AGE: Years 66 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William A Gault
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sallie Coyne
15. Birthplace Baltimore Md

16 (a) Informant William A Gault
(b) Address 7917 Plymouth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William J Ryan
(b) Address 1219 E Pratt St

19 (a) Filed APR 22 1942 (b) Registrar Huntington Williams M.D.

21. I certify that death occurred on the date above stated, that I attended deceased from [illegible] 1941 to [illegible] 1942, and that I last saw her alive on 4/14 1942.

Immediate cause of death Acute Cardiac Dilatation. — Duration ½ hour

Due to Myocardial insufficiency

Due to Lobar Pneumonia - 6 Mos.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Warner M. D.
Address 2604 Garrison Blvd. Date signed 4-20-42

VS 2

F 91478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 91478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 Mt. Olivet Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
706
(d) Street No. 312 Mt. Olivet Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET HAUCK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John V. Hauck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1903

8. AGE: Years	Months	Days	If less than one day
38	4	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. John V. Hauck
(b) Address 312 Mt. Olivet Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) APR 22 1942 Huntington Williams, M.D. Registrar
(b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 20 19 42 at 9:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 19 42 to Apr 20 19 42 and that I last saw h alive on Apr 20 19 42.

Immediate cause of death Carcinomatosis

Due to Carcinoma of Rt Breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Feb 1942
Major findings of autopsy: Adhesions Concurrent Rt Breast

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M P Boyne
Address 90 F S Wash Blvd Date 4/20/42
4/21/42

VS 3

F 91479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-B

F 91479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Cole St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda Miles

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Clarence Miles
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 8/11/1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	9	9		

9. Birthplace [illegible] Frederick, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Luther Schumaker
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Jennie Keyser
15. Birthplace W. Va.

16 (a) Informant Andrew J. Freisees
(b) Address 1716 Cole St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

PR 22 1942 Huntington Williams, M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20/42 1942, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1942, to 4/20 1942, and that I last saw h[illegible] alive on 4/20 1942.

Immediate cause of death Acute Cardiac failure — Duration

Due to

Due to

Other Conditions Coronary sclerosis & metastasis
(Include pregnancy within 3 months of death)

Date of operation 4/15/42

Major findings of operation Coronary sclerosis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Bonnell M.D.
Address Mercy Hosp Date signed 4/22/42

VS 3

F 91480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9420

F 91480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5004 Norwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5004 Norwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Downs Lambard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Melvin B. Lambard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/1/83

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	4	19		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Wilford C. Downs
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida Carson
15. Birthplace Balto. Md.

16 (a) Informant Mr. Melvin B. Lambard
(b) Address 5004 Norwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 APR 22 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 20. 19 42. at 12 M

21. I certify that death occurred on the date above stated, that I attended deceased from 4-25 19 42 to 4-22 19 42

and that I last saw h 9T alive on 4-4 19 42.

Immediate cause of death Coronary disease
Duration

Due to arteriosclerosis -

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. McCarty M. D.
Address 37 W. Preston St. Date signed

VS 8

F 31481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 91481 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2522 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) St. No. 2522 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2692

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Katherine Neal
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 11/27/81

8. AGE: Years	Months	Days	If less than one day
60	4	23	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Civil Eng. U.S. F. & G.Co.
11. Industry or business

FATHER
12. Name Ralph N. Warner
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary M. Dreby
15. Birthplace Pa.

16 (a) Informant Mrs. Katherine N. Warner
(b) Address 2522 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Lower Merion Cemy.
Location Bryn Mawr, Pa.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) APR 22 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1942, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to April 20 1942, and that I last saw h im alive on April 20 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 8 hrs
Due to Arterio Sclerosis — Duration Indefinite
Due to Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody.
Address 1403 Park Ave Date signed M. 4 D. 21 '42

VS 2

402 177
F 91482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91482
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State FLORIDA (b) County
(c) City or town BRANFORD
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Perry Herbert Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-39

8. AGE: Years	Months	Days	If less than one day
2	10	7	hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name BRUCE EDWARDS
13. Birthplace S.C.

MOTHER
14. Maiden Name IDA CARPENTER
15. Birthplace FLORIDA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24 42 (month) (day) (year)
(c) Cemetery or crematory Brandywine Cem.
Location Branford Fla
18 (a) Funeral director John Ornitz & Sons
(b) Address 1900 Eutaw Place
19 (a) APR 22 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 20 1942, at 845 P M

21. I certify that death occurred on the date above stated; that I attended deceased from AUG 11 1941 to APR 20 1942, and that I last saw h[illegible] alive on APR 20 1942

Immediate cause of death Cardiac failure

Due to Nephrosis

Due to

Other Conditions Peritoneal abscess

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollard M. D.
Address J. H. H. Date signed 4-21-42

VS 3

F 91483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91483

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillie N. Bateman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Burkhead F. Bateman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1868

8. AGE: Years 74 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William Cullum
13. Birthplace Maryland

MOTHER
14. Maiden Name Editha Williams
15. Birthplace Maryland

16 (a) Informant Arthur E. Cullum
(b) Address 419 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-1942 (month) (day) (year)
(c) Cemetery or crematory Irvington
Location Harford Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

APR 22 1942 (Date received by registrar) (By) Funeral Director for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 12 10 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 16 1941 to April 21 1942 and that I last saw her alive on April 19 1942.

Immediate cause of death Cardio-renal-vascular disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Vincent V. Zoeller M.D.
Address 845 N. Patterson Pk. Date signed 4/21/42

VS 3

F 91484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 91484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
6-1 (b) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Chas Randall

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widower

6 (b) Name of husband or wife Betty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	8			

9. Birthplace Middleburg, Va
(Town, county and state)
10. Usual Occupation minister
11. Industry or business

FATHER
12. Name Chas. Randall
13. Birthplace Va

MOTHER
14. Maiden Name Mana ?
15. Birthplace Va

16 (a) Informant Jana Carroll
(b) Address 1132 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelso
(b) Address 1303 Pressstman St.

19 (a) (b) Huntington Williamsville, Md.

APR 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941 to April 21 1942
and that I last saw h alive on April 21 1942

Immediate cause of death
Hypertension & Cardio Renal — Duration 1 yr
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. F. Peterson
Address 1 W Fayette St Date signed 4/23/42

F 91485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 91485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town Adelina (If outside city or town limits, write RURAL and give town)
(d) Street No. 1046 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1st 1913

8. AGE: Years 29 | Months — | Days 2 | If less than one day hr. min.

9. Birthplace Calvt Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Collin Hicks
13. Birthplace Calvt Co. Md.

MOTHER
14. Maiden Name Susie Hurley
15. Birthplace Calvt Co. Md.

16 (a) Informant Susie Perry
(b) Address 1046 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Patuxent Chapel
Location Huntingtown Md.

18 (a) Funeral director Alan H Alexander
(b) Address 927 Grant St

19 APR 22 1942 Date received by Local Registrar Huntingtown Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21-42 19 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942 to 4-21 1942 and that I last saw him alive on 4-21 1942

Immediate cause of death: Miliary Tuberculosis — Duration: days

Due to: Granuloma Inguinale

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

Miliary Tuberculosis; Granuloma Inguinale of autopsy? Laparotomy plus Colostomy

PHYSICIAN

Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 4-21-42

VS 3

F 91486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81-a

F 91486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Bank St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patricia B. Jarvis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-41

8. AGE: Years 1 | Months 14m | Days 11 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Albert L. Jarvis
13. Birthplace Ilchester Md.

MOTHER
14. Maiden Name Mary Piaskowski
15. Birthplace Balto Md.

16 (a) Informant Albert L. Jarvis
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Trapp Rd.

18 (a) Funeral director Wm. E. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) Date rec'd by registrar APR 22 1942 Huntington Willmore M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 9 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death

Due to Purulent meningitis (? meningitis)

Duration: 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. [illegible] Pollock

Address J. H. H. Date signed 4-27-42

F 91487 | BALTIMORE CITY HEALTH DEPARTMENT | F 91487

CERTIFICATE OF DEATH 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 South Conkling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Weigand

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1901

8. AGE: Years	Months	Days	If less than one day
40	4	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Charles Weigand

13. Birthplace Md.

MOTHER 14. Maiden Name Louise Kohler

15. Birthplace Germany

16 (a) Informant B.CH Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffman

(b) Address 1639 N. Broadway

19 (a) APR 22 1942 (Date rec'd by Registrar) written for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1942, at 4 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 4-18 1942, and that I last saw h[illegible] alive on 4-18 1942

Immediate cause of death Pulmonary tbc. — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 4-18-42

VS 8

F 91488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No. F 91488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 McDonogh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 McDonogh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude V. Foreman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1875

8. AGE: Years	Months	Days	If less than one day
67	2	5	hr. min.

9. Birthplace Westminster Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Bankert
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Ruth Foreman
(b) Address 1022 McDonogh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 2151 E. Broadway

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1942, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1940 to 4-19 1942
and that I last saw h[illegible] alive on 4-19 1942.

Immediate cause of death

	Duration
Hypertrophy Cirrhosis of Liver	3 yrs
Due to	one
Other Conditions Myocardial Insufficiency	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence none at M
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work?
(Specify type of place)
(e) Means of injury none
23. Signature Samuel Miller M. D.
Address 1500 E Broadway Date signed 4/20/42

VS 3

F 91489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91489

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 E Ostend St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 E. Ostend St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances E. Koerber

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Koerber
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 31, 1883

8. AGE: Years 58 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name Benjamin Koerber
13. Birthplace Va.
14. Maiden Name Clara Wilson
15. Birthplace Va

16 (a) Informant William E Koerber
(b) Address 131 E Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location B.P.O. Md.

18 (a) Funeral director A Howard Evans
(b) Address 1400-02 E. Biddle St.

APR 22 1942 (Date rec'd by registrar) (b) Registrar

Thomas J. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1942, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1942, to April 20, 1942, and that I last saw h[er] alive on April 20, 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. B. Friedman, M. D.
Address 1319 Light St. Date signed 4/21/42

F 91490 T.B

70008 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. F 91490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months 4-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 312 W. Preston St (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Stubbs Rosie Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife William Stubbs (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/1873

8. AGE: Years	Months	Days	If less than one day
66	4	6	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel (D)
13. Birthplace Va

MOTHER
14. Maiden Name Frances (D)
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)
(c) Cemetery or crematory Gloucester
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 98 Read Street

19 (a) APR 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1942 to 4-22 1942, and that I last saw h[er] alive on 4-22 1942.

Immediate cause of death Carcinoma of Breast with metastasis — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel B Stubbs M. D.
Address Balto City Hosp Date signed 4-22-42

VS 1

F 91491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N F 91491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Westfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 2904 Westfield Md Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Westfield Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Italy

3 (a) FULL NAME CARMELA LOMONICO

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~Wife~~ Mariano Lomonico
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 21 1884

8. AGE: Years	Months	Days	If less than one day
57	7	29	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Giuseppe Di Vito
13. Birthplace Italy

MOTHER
14. Maiden Name Francesca Lomonico
15. Birthplace Italy

16 (a) Informant Mariano Lomonico (Husband)
(b) Address 2904 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 APR 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1937 to April 19 1942, and that I last saw h~~er~~ alive on April 19 1942.

Immediate cause of death	Duration
cerebral hemorrhage	2 days
Due to Hypertensive cardio-vascular renal disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi
Address 612 Hanford Rd Date signed 4/2[illegible]42 M. D.

VS 3

F 91492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 91492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 St Paul St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimori (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C Sutton

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W Color

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-21-1871

8. AGE: Years	Months	Days	If less than one day
70 71	7 4	23 2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John T. O'Halloran
13. Birthplace Ireland

MOTHER
14. Maiden Name Abbie Dorgan
15. Birthplace Ireland

16 (a) Informant Mrs Nellie G Halloran
(b) Address 2814 St Paul Sto

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-22-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 32nd St.

19 (a) APR 22 1942 (b) Huntington Williams M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1942, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1942, to 4-19 1942, and that I last saw h.er alive on 4-19 1942.

Immediate cause of death Carcinoma of Stomach — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. D. Flynn
Address 417 E. North Ave Date signed 4-19-42 M. D.

F 91493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No.

F 91493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 E. Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? Wd (Yes or No)
If yes, name country

3 (a) FULL NAME James M. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-8587

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Renovator

11. Industry or business

FATHER
12. Name Eugene O'Connell Lee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Connell
15. Birthplace Ireland

16 (a) Informant Mrs Anna Lee Holton
(b) Address 10 E. Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-20-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Maynard Caddfeld
(b) Address 2016 22½ St

19 (a) APR 22 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/42 19 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1942 to 4/17 1942 and that I last saw h[im] alive on 4/17 1942

Immediate cause of death: Circulatory collapse — Duration

Due to Carcinoma Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/3/42

Major findings of operation: carcinoma stomach

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Frey Jr. M.D.
Address Mercy Hosp. Date signed 4/20/42

VS 3

T.N

F 91491

72041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91494

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2- months

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 1010 N. Patterson Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nicholas Wansch

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-0925

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Christinia Wansch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 3rd, 1868

8. AGE: Years	Months	Days	If less than one day
74	2	19 18	hr min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business Rod Steel Products Co

FATHER

12. Name George Wansch

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Barbara Retes

15. Birthplace Germany

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem

Location Balto. Md

18 (a) Funeral director John C. Miller Inc

(b) Address 2435 E. Oliver St

19 APR 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942 at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 4-22 1942 and that I last saw h m alive on 4-22 1942.

Immediate cause of death

Hypostatic pneumonia

Due to Chronic Nephritis

Due to Arteriosclerosis

Due to Diabetes mellitus

Other Conditions Gangrene of foot

(Include pregnancy within 3 months of death)

Duration

2 yrs

2 yrs

2 yrs

1 yr

Date of operation 3-17-42

Major findings of operation: amputation at gangrenous leg

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald Hibbs M. D.

Address Balto City Hosp Date signed 4-22-42

PHYSICIAN

Underline the cause to which death should be charged statistically

VS 2

91495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 — Registered No. F 91495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Paul
(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Deborah V. Hindman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elgar Russell
13. Birthplace Md.

MOTHER
14. Maiden Name Marion —
15. Birthplace Md

16 (a) Informant Edward A. Hindman
(b) Address 5721 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1942 (month) (day) (year)
(c) Cemetery or crematory West Patterson
Location Colora Md.

18 (a) Funeral director J. E. Tyson
(b) Address Rising Sun Md

19 (a) APR 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to April 21 1942 and that I last saw him alive on April 21 1942

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive cardiovascular disease.	
Due to	
Other Conditions Senility and Fracture neck of R. femur	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence March 24/42 at — M
(c) Where did injury occur? Port Deposit, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature J. Hindman M.D. M. D.
Address University Hospital Date signed
Baltimore, Md April 21, 1942

F 91496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91496

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1009 Poplar Grove St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1009 Poplar Grove St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

16-6

3 (a) FULL NAME David L. Reese,

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-6426

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5. 1869

8. AGE: Years	Months	Days	If less than one day
72	8	16	hr. min.

9. Birthplace Carroll Co. Md, (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salesman (Bread)

FATHER

12. Name Absalem Reese.

13. Birthplace Carroll Co. Md.

MOTHER

14. Maiden Name Alice V. Stansbury,

15. Birthplace Carroll Co. Md.

16 (a) Informant Austin L. Reese,

(b) Address 4327 Wickford Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-42 (month) (day) (year)

(c) Cemetery or crematory Krieders Cem.

Location Westminster Md.

18 (a) Funeral director George W. Little,

(b) Address 2700 Edmondson Ave.

(c) Address Huntington Williams, Mgr

APR 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 6 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 20 1924 to April 21 1942

and that I last saw h- alive on April 19 1942

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Helen L. Isaacs

Address 42 19 Poplar Grove St. Date signed 4/24/42

E 91497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. E 91497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Stockton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) FULL NAME William Alexander Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1928

8. AGE: Years	Months	Days	If less than one day
19		17	hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frederick Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name Eva Dare Eva Dare
15. Birthplace Md.

16 (a) Informant Eva Brooks
(b) Address 2210 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Samuel H. Chase & Son
(b) Address 638 N. Gilmor St.

R 22 1942

(c) Filed [illegible] Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 10 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Internal hemorrhage — Duration

Due to Bullet wound of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Hemorrhage into abdomen

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 21 1942 at M
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Firearm

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 22nd 1942

VS 6

F 91498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91498

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homeland Villa
(c) Hospital or institution:
Wymans Park
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife William Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	8	9		

9. Birthplace Centerville Texas (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edward Oswall

13. Birthplace West Virginia

MOTHER 14. Maiden Name Angeline Jones

15. Birthplace Memphis Tenn.

16 (a) Informant Anna Pyles

(b) Address 728 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto

18 (a) Funeral director Sam'l H. Chase Son

(b) Address 638 N. Gilmor St

19 (a) APR 22 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1941 to April 19 1942 and that I last saw h[er] alive on April 18 1942

Immediate cause of death Diabetes Mellitus Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Tyler Coleman M. D.

Address April 21 42 Date signed

2039 McCulloh St.

VS 3

91499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67

F 91499
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Faye Strickland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1941

8. AGE: Years	Months	Days	If less than one day
1	12	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Erwin H. Strickland
13. Birthplace North Carolina

MOTHER
14. Maiden Name Gladys Dove
15. Birthplace Roanoke, Va.

16 (a) Informant Mrs Erwin Strickland
(b) Address 31 N. Carey St.

17 (a) Burial (b) Date thereof April 23, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E W Lamaccan
(b) Address 1003 W. Baltimore St.

19 (a) APR 22 1942 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942, at 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coma

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gutheim M.D.
Medical Examiner.
Date signed April 22 1942

VS 6

91500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-8

F 91500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Mallow Hill Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Ralph Baumgardner Ralph A. Baumgardner, Jr

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1924

8. AGE: Years	Months	Days	If less than one day
18	0	3	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Ralph A. Baumgardner
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Margaret E. Myers
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Ralph A. Baumgardner
(b) Address 213 Mallow Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Rex Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director O'Donovan
(b) Address 1003 W. Baltimore St.

19 APR 22 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1942, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13 1942, to Apr. 19 1942 and that I last saw him alive on Apr. 18 1942.

	Duration
Immediate cause of death: Rheumatic Heart Failure	?
Due to Rheumatic Heart Disease	?
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Franklin Square Hospital Date signed 4/19/42

VS 3

1942 = 8

91501 HEALTH DEPARTMENT—CITY OF BALTIMORE 91501

CERTIFICATE OF DEATH

1-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5009 Park Heights Ave. 27-17 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Katherine Schmid

If U. S. Veteran specify WAR

(a) Residence: No. 5009 Park Heights Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David P. Schmid

6. DATE OF BIRTH (month, day, year) June 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Maryland

FATHER

13. NAME John E. Motzhomer

14. BIRTHPLACE (city or town) (State or country) Frederick, Maryland.

MOTHER

15. MAIDEN NAME Emma Kaulp

16. BIRTHPLACE (city or town) (State or country) Frederick, Maryland.

17. INFORMANT Mrs. Frostie E. Smith

(Address) 5009 Park Heights Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 23, 42

19. UNDERTAKER LORING BYERS

(Address) 5005 Park Heights Avenue

20. FILED APR 23 1942 19... Registrar. Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 9 1942 to April 20 1942

I last saw h... alive on April 20 1942 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease with Arteriosclerosis	April 12 '42

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton E. Lowenstein M. D.

(Address) 5613 Park Heights Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE must be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 91502

F 91502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130-L Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Physicians: please write the causes of death clearly and especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton + Wilkens

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2225 W. Pratt St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George A. Volkert

3 (b) If veteran, name war NONE

(c) Social Security Account No. 216-01-4090

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	MARRIED

6 (b) Name of husband or wife Theresa A.

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) August 2-1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	8	17		

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation Shoe factory

11. Industry or business

FATHER 12. Name Anton Volkert

13. Birthplace Md.

MOTHER 14. Maiden Name Anna ~~Hoffberg~~ Stitz

15. Birthplace Md.

16 (a) Informant Theresa A. Volkert

(b) Address 2225 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-1942 (month) (day) (year)

(c) Cemetery or crematory Western

Location City

18 (a) Funeral director Pott & B.M. Walter

(b) Address Pratt + Stricker Sts

19 (a) Apr 23 1942 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942, at 2.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to April 19 1942, and that I last saw him alive on April 19 1942.

Immediate cause of death Syphilitic Meningo-Encephalitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Syphilitic Aortitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Arthur Rankin

Address St. Agnes Hosp. Date signed 4/19/42

F 91593 BALTIMORE CITY HEALTH DEPARTMENT F 91503

CERTIFICATE OF DEATH 56-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town A. A. County Md (If outside city or town limits, write RURAL and give town)
Street No. Curtis Bay R.F.D. (If rural give location)
Marley Neck Road
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT J. PALMER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NONE	218-12-3034	MALE	White	DIVORCED

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 9 1903

8. AGE: Years	Months	Days	If less than one day
38	8	14	hr. min.

9. Birthplace ANDERSON . S. CAROLINA (Town, county, and state)
10. Usual Occupation MACHINIST
11. Industry or business AIRPLANE PLANT

FATHER
12. Name ELIAS PALMER
13. Birthplace ANDERSON S. CAROLINA

MOTHER
14. Maiden Name LAURA TAYLOR
15. Birthplace ANDERSON S. CAROLINA

16 (a) Informant MARY F. MILLER
(b) Address Curtis Bay - R.F.D.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 24 - 1942 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location A. A. County Md

18 (a) Funeral director Pott & B. M. Walter
(b) Address PRATT & STRICKER STS

19 (a) (Signature of undertaker or agent) (b) Huntington Williams Undertaker

APR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 7:55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to April 21 1942 and that I last saw h alive on April 20 1942

Immediate cause of death Bronchio-pneumonia — Duration 5 da.
Due to
Due to
Other Conditions Apical Chord Tumor
(Include pregnancy within 3 months of death)
Major findings: Of operations — own
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Baltimore Date signed April 23 1942
Hospital

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 91504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91504 Registered No. 9424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 N. Appleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Austen

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: James W. Austen

7. Birth date of deceased: [illegible] 1870
8. Age: [illegible]

9. Birthplace: CENTREVILLE Md (Town, county, and state)
10. Usual Occupation:
11. Industry or business: HOUSE WIFE

FATHER
12. Name: CHARLES HYSER
13. Birthplace: PENNA

MOTHER
14. Maiden Name: SARAH
15. Birthplace:

16 (a) Informant: JAMES W. AUSTEN
(b) Address: 909 APPLETON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 25 1942 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: City

18 (a) Funeral director: Roth & B. M. Walker
(b) Address: PRATT & STRICKER STS

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

APR 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942, at 9 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 22 1942 and that I last saw her alive on April 19 42

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Howard B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 4-23-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please correct age is especially important. [illegible] of death clearly and legibly

0764

F 91505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 91505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 N Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 631 N. Paca St (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

(Birth F 51048)

3 (a) FULL NAME Baby Sweeney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-21-42
8. AGE: Years | Months | Days | If less than one day: 9 hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jonas Sweeney
13. Birthplace Va

MOTHER
14. Maiden Name Anna Martin
15. Birthplace Md.

16 (a) Informant Jonas Sweeney
(b) Address 631 N. Paca St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md
18 (a) Funeral director M.V.A. Francis A. Hennessy
(b) Address 578 W. Baddle St.
19 (a) Washington Hill (Date received) APR 23 1942 Registrar

MEDICAL CERTIFICATION 42

20. DATE OF DEATH April 24 1942 at 9 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to April 24 1942.
and that I last saw him alive on April 20 1942.
Immediate cause of death Bronchus
Duration
Due to Lymphatic Leukemia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry J. Hamburger M. D.
Address 1 E Read St Date signed April 24 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every [illegible] correct age is especially important. Physicians: please write the causes of death clearly and

F 91506

F 91506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 E Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 E Fayette
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie D. Carnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed; or divorced. Widowed

6 (b) Name of husband or wife Thos G Carnes

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 18 1870

8. AGE: Years 71 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name James McClenning
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jane Cooper
15. Birthplace Baltimore

16 (a) Informant Ella M Holland
(b) Address 232 N Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director John Ulmer
(b) Address 2008 Orleans St

19 (a) APR 23 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1941 to April 21 1942 and that I last saw her alive on April 20 1942.

Immediate cause of death Tope Absorption — Duration 6 months

Due to Malignancy of ovaries — 1 year?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 2530 E. Baltimore St Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 91597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 31-a

Registered No. F 91507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs 6 mos 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 137
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Rosalie Traber

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) October 26, 1875

8. AGE: Years	Months	Days	If less than one day
66	6	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Librarian
11. Industry or business Enoch Pratt Library

FATHER
12. Name Thomas H. Traber
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Laura Seager
15. Birthplace Easton, Maryland

16 (a) Informant Home for Incurables records
(b) Address 700 W. 40th St. Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location City

18 (a) Funeral director WM J. TICKNER & SONS INC
(b) Address North & Pa Aves

APR 23 1942 (Date rec'd by Registrar) (d) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 8.03 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1934 to 4/7 1942 and that I last saw h.e.r. alive on 4/21 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 18 mos.
Due to Hypertension Cardio-Renal Failure — 12 yrs.
Due to Rheumatic Mitral Stenosis & Insufficiency — 15 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature (c) Martha Hartzinger M. D.
Address 714 Medical Art Bldg. Date signed 4/23/42

F 91508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 549-A

Registered No. F 91508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert ST
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore ~~(yrs., mos., or days)~~ 99 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 N. Charles ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Alverta Hubert

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced** Single

6 (b) Name of husband or wife — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-21-[illegible]

8. AGE: Years 51 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Hubert - deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Feller - deceased
15. Birthplace Maryland

16 (a) Informant Miss Louise Hubert (Sister)
(b) Address 3001 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Apr. 24. 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 APR 23 1942 (Date received by registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 19 42, at 3:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 19 42, to 4-21 19 42, and that I last saw h[illegible] alive on 4-30 19 42

Immediate cause of death: Carcinomatosis — Duration: 3 mos.

Due to Carcinoma of ovary — 4 months

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation 1-19-42
Major findings of operation: Carcinomatosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight P. Bruckshank M.D.
Address Union Memorial Hospital Date signed 7-21-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Give full name of deceased and correct age in years. Give cause of death clearly and correct age is especially important. Physicians: please write

VS 8

F 91509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 91509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not applicable, write none. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Old York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3507 Old York Rd.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Bremer

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-09-4427

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary G. Bremer
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 30, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business

FATHER
12. Name Peter Bremer
13. Birthplace Germany

MOTHER
14. Maiden Name Petronella VanKeff
15. Birthplace Holland

16 (a) Informant Mrs Mary G. Bremer
(b) Address 3507 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St,

18 (a) Funeral director John A. Moran.
(b) Address 4501 Greenmount Ave.

19 (a) Apr 23 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6th. 1942. to Apr. 20th 1942.
and that I last saw h im alive on Apr. 20th 1942.

Immediate cause of death	Duration
Acute Cardiac Dilitation	
Due to Myocarditis	unknown
Due to Endocarditis	unknown
Other Conditions Endocarditis	unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno. W. Bremer
Address 401 E. 25th. St. Date signed 4/23/42.

F 91540 ARCHAMBAULT F 91540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/14

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 32nd Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2835 Ashland Ave., City
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Patricia Archambault

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/26/32

8. AGE: Years 9 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore City, Maryland (Town, county, and State)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Thomas Julian Archambault
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Amelia Grochowal
15. Birthplace Baltimore Maryland

16 (a) Informant James J. Nolan M.D.
(b) Address Calvert & 32nd Sts City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1942 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location old Frederick Road

18 (a) Funeral director G. Howard Strong
(b) Address 2127 N. North Ave.

APR 23 1942

19 (a) (Date rec'd by registrar) (b) Hunter's or Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1942 to April 21 1942, and that I last saw h[illegible] alive on April 21 1942

Immediate cause of death Respiratory failure — Duration 1 month

Due to Tuberculosis, Miliaria

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Nolan M.D.
Address Union Memorial Hosp. Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spelling of proper names, correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

F 91511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 91511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 Collins Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Galestown (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Jane Wootten

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Philethus Wootten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1863

8. AGE: Years	Months	Days	If less than one day
78	9	10	hr. min.

9. Birthplace Laurel Delaware (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Cottington Dickerson
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Rider
15. Birthplace Delaware

16 (a) Informant Paul H. Wootten
(b) Address 135 Collins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1942 (month) (day) (year)
(c) Cemetery or crematory Galestown
Location Galestown, Md.

18 (a) Funeral director Groverner Bros.
(b) Address Sharptown Md.

19 (a) APR 28 1942 (b) Huntington Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942, at 9.15 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942 to April 22 1942 and that I last saw him alive on April 19 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alpha H Groverner M. D.
Address 4209 Hud. Ave Date signed 4/25/42

F 91512

F 91512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2376. W Colvert ST.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 St Dunstan Rd. City (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Emma Whitney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-1874

8. AGE: Years 67 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Frank Whitney ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. E.E. Hindle
(b) Address 665 Redwood Ave City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-42 (month) (day) (year)
(c) Cemetery or crematory Pachwood
Location

18 (a) Funeral director Leonard J. Rau
(b) Address 5205 Harford Rd

19 (a) APR 23 1942 (Date filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1942, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1942 to 4-22 1942 and that I last saw her alive on 4-22 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days

Due to: Hypertensive Cardio Vascular Disease — 15-20 yrs.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight P. Quinkshank III M. D.
Address Union Memorial Hospital Date signed 4-22-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correct age is especially important.

VS 8

F 91513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 91513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spelling of names and words should be correct ago is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 White ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 White ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Gormally

3 (b) If veteran, name war no

3 (c) Social Security Account No. 036-09-4014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose M. Gormally

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Apr. 24 1881

8. AGE: Years	Months	Days	If less than one day
60	11	28	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Night Supt. U. S. G.

11. Industry or business

FATHER
12. Name Joseph Gormally
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Joyce
15. Birthplace Ireland.

16 (a) Informant Joseph Gormally
(b) Address 3010 White ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location

18 (a) Funeral director Edward J. Boyle
(b) Address 5305 Harford Rd

19 (a) APR 23 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-22-42

VS 6

F 91514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-a F 91514

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Dickman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Dickman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel J. Marshall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	W.

6 (b) Name of husband or wife Mattie Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1862

8. AGE: Years	Months	Days	If less than one day
79	8	?	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Broom maker
11. Industry or business Md. W. & B.

FATHER
12. Name Joseph.
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza B. M. Gorley
15. Birthplace Md.

16 (a) Informant Mrs. Violet Gibson
(b) Address 205 Dickman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Co.

18 (a) Funeral director F. J. McCully
(b) Address 30 E. 23rd St. Huntington Station, Md.

19 (a) (Registered) APR 23 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1942 to April 21 1942 and that I last saw h in alive on April 21 1942

Immediate cause of death: Cardio Vascular Renal — Duration: Many years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney H. Streets M. D.
Address 421 E Fort Ave Date signed 4/22/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

F 91515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F-91515

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo21ds.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 267 Ridge Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT HAZELTON MCKELDIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 14 0016

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Mary Getz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1889

8. AGE: Years	Months	Days	If less than one day
52	11	5	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name George McKeldin
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Wells
15. Birthplace New Orleans, La.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Park
Location Baltimore, Md.
18 (a) Funeral director J. H. Cassell
(b) Address 320 E. Fort Ave.
19 (a) APR 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1942, at 2:13 p. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28, 1942 to April 21, 1942 and that I last saw him alive on April 21, 1942.

Immediate cause of death Heart failure — Duration 1 mo.

Due to Cardiac disease, cardio-renal vascular — Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. H. Williams M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 4/21/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

F 91516

F 91516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 Ashland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Joshua
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25 1863

8. AGE: Years	Months	Days	If less than one day
78	3	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Elizabeth Beckett
15. Birthplace Va.

16 (a) Informant Jennie Reynolds
(b) Address 1742 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location A. A. County, Md.

18 (a) Funeral director Mrs P. A. Elliott Dept.
(b) Address 1129 N. Carolina St.

19 (a) APR 23 1942 (b) Huntington Williamsport Md.
~~APR 23 1942~~
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1942, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942, to April 1942, and that I last saw Jan alive on 4/18 1942.

Immediate cause of death	Duration
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin B. LeCompte M. D.
Address 1113 N Carolina St Date signed 4/21/42

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the cause of death correct age is especially important.

F 91517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93-D

Registered No. F 91517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address American Can Co. - Howard & 26th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Miles Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Shanklin

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-03-2659

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Divorced

6 (b) Name of husband or wife LeRoy Shanklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1893

8. AGE: Years	Months	Days	If less than one day
48	8	24	hr. min.

9. Birthplace Lyntonville, Va
(Town, county, and state)
10. Usual Occupation Packer
11. Industry or business American Can Co.

FATHER
12. Name Hugh Henry
13. Birthplace Va.

MOTHER
14. Maiden Name Lillie Milton
15. Birthplace Va.

16 (a) Informant Jessie E. Powell
(b) Address 400 W 27th St.

17 (a) Shipment (b) Date thereof April 25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Winchester
Location Va

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Edmondson Ave.

19 APR 23 1942 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-1942, at 3.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 4-22-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 6

F 91518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 91518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Clifton Park
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Clifton Park (If numbered location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3 (a) FULL NAME SARAH ELIZABETH HOGARTH

3 (b) If veteran, name war ****
3 (c) Social Security Account No. ****

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Louis Hogarth
6 (c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Mar. 24, 1883
8. AGE: Years: 59 Months: -- Days: 27 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business:

FATHER
12. Name: Harry Moreland
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary Wilhelmina Engelbrit Fritz
15. Birthplace: Snow Hill, Maryland

16 (a) Informant: Mr. John L. Hogarth
(b) Address: Clifton Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location

18 (a) Funeral director: Chas. F. Emmerson Sons
(b) Address: 118 W. Mt. Royal Ave Huntingdon Williams, M.D.

19 (a) (b) Registrar

APR 23 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 12 45 a M

21. I certify that death occurred on the date above stated, that I attended deceased from April 10 1942, to April 21 1942, and that I last saw her alive on April 9 1942.

Immediate cause of death	Duration
Uraemia - Bronco Pneumonia	2 days
Due to Arterio Sclerosis Hypertension	10 days
Due to Chronic Interstitial Nephritis	10 "
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature Thos F. A. Stevens M. D.
Address 2878 Hartford Rd Date signed 4-23 42

F 91519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Lutherville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Sarah Jane) Georgianna Mosby

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1907

8. AGE: Years	Months	Days	If less than one day
34 37	8 9	27	hr. min.

9. Birthplace Dover, Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Chapman
13. Birthplace Dover, Va.

MOTHER
14. Maiden Name Alice Mabry (Mrs)
15. Birthplace Dover, Va.

16 (a) Informant Raymond Mosby
(b) Address Linden Ave - Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Wm. Chew H. Howland
(b) Address 1631 Druid Hill Ave.

19 (a) APR 23 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1942 to Apr 21 1942 and that I last saw her alive on Apr 21 1942

Immediate cause of death: Tuberculosis of kidney (R) and bladder — Duration 8 mos

Due to

Due to

Other Conditions Gonorrhea - acute pelvic inflammatory dis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Grauel Jr.
Address St Joseph's Hosp Date signed 4-27-42 M. D.

VS 3

F 91520

F 91520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death clearly and correct age in especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 555 Mosher St. Balto., Md.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 555 Mosher (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rosa Mae Gilbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1923

8. AGE: Years 18 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Rodelia, Va (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Joseph Gilbert

13. Birthplace Georgia

MOTHER 14. Maiden Name Rosalie Dixon

15. Birthplace Va

16 (a) Informant Rosalie Gilbert

(b) Address 555 Mosher

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lee A. Holland

(b) Address 1601 Druid Hill Ave

19 (a) ADD 23 19[illegible] Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1942 to 4/19/1942 and that I last saw h[illegible] alive on 4/18/1942

Immediate cause of death Acute Nephritis

Duration 4 days

Due to

Due to

Other Conditions Pulmonary TB 8 yr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

At autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury Headache

23. Signature [illegible] M. D.

Address 1163 Harlem Ave Date signed 4/20/42

VS 8

F 91521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 168

F 91521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Bostick

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-3456

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) Jan 7 1904

8. AGE: Years	Months	Days	If less than one day
38	3	14	hr. min.

9. Birthplace Savannah, Georgia (Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Lula Fountain
15. Birthplace S. C.

16 (a) Informant Lillian Bostick
(b) Address 2726 Reisterstown Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 24/1942 (month) (day) (year)
(c) Cemetery or crematory Int. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) ADDRESS [redacted] Huntington Willis M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 11 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Immediate cause of death Infection of scalp	
Due to fracture of skull	
Due to	
Other Conditions bronchial pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: April 22 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence April 12 1942 at M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On the street While at work?
(Specify type of place)
(e) Means of injury hit by brick

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed April 23 1942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91522

CERTIFICATE OF DEATH

✓46-BF 91522

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 12 St. 14-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eva Whitted

If U. S. Veteran specify WAR. _____

(a) Residence: No. 1806 Madison Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chester

6. DATE OF BIRTH (month, day, year) March 9, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
52	1	12/14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

FATHER

13. NAME Isaac Christopher

14. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

MOTHER

15. MAIDEN NAME Maggie Payne

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

17. INFORMANT Chester Whitted

(Address) 1806 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Northumberland Co Va. 4/23/42

19. UNDERTAKER Mrs. George M. Holland

(Address) 1631 Druid Hill Ave

20. FILED APR 23 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 — 28 —, 1942

22. I HEREBY CERTIFY, That I attended deceased from 10 — 18, 19__, to 4 — 21, 1942

I last saw him alive on 4 — 21, 1942 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
(Primary in Stomach)	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. B. Butler M. D.

(Address) 2032 Druid Hill Ave

S. R.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE must be given in every case. If DEATH WAS DUE TO VIOLENCE, state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 91523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Barksdale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Byrd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Chester Springs, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Emmanuel Barksdale
13. Birthplace Chester Springs, Va.

MOTHER
14. Maiden Name Phyllis Adams
15. Birthplace Chester Springs, Va.

16 (a) Informant Pearl Leigh
(b) Address 502 N. Caton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory
Location South Boston, Va.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received by Registrar) APR 23 19[illegible]

Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to April 19 1942 and that I last saw her alive on April 18 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to Malignant Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 703 W. Lafayette Ave. Date signed 4/7/42

VS 3

F 91524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91524 ✓ Registered No. 56-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 West Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 West Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannetter Harding Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Percy Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 38 | Months | Days | If less than one day: hr. min.

9. Birthplace Free Union, Virginia (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Beasley
13. Birthplace Free Union, Va.

MOTHER
14. Maiden Name Pinkie Brown
15. Birthplace North Garden, Va.

16 (a) Informant Lena Anderson
(b) Address Ryde Long Green Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm. Peter F. Williams
(b) Address 322 W. Saratoga St.

19 (a) [illegible] (Signature of registrar) (b) Huntington Williams, M.D.

APR 23 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary Embolism — Duration

Due to thrombosis of uterine veins

Due to fibromyomata, uterus, large

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed 4-21-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure and answer every question. Do not use abbreviations or ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

91525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. F 91525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Payson ave
(c) Hospital or institution Nest. Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7½ hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Eastern Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Baby Boy Dickens (Birth F-47889)
3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 4/21/42

8. AGE: Years	Months	Days	If less than one day
½ hrs ✓	✓	✓	7 hr. 30 min.

9. Birthplace Baltimore Co., Baltimore city Md. (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name David
13. Birthplace Fairmont W. Va.

MOTHER
14. Maiden Name Virginia Duffy Redd
15. Birthplace Ft Meyer Va.

16 (a) Informant .....
(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL APR 23 1942
Location Commissioner of Health
18 (a) Funeral director .....
(b) Address Per H. A. Myers
19 (c) APR 23 1942 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21/42 19 ..., at ... M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/42 19 ..., to 4/21/42 19 ..., and that I last saw h[illegible] alive on 4/21/42 19 ...

Immediate cause of death Premature infant
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: Meyer colon

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Harry Weinstein M. D.
Address 2359 Eastern Ave Date signed 4/21/42

VS 3

9045

F 91526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 91526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3236 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3236 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth A. Curran

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Married

6 (b) Name of husband or wife John Ross H. Curran
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Oct. 24 - 1901

8. AGE: Years	Months	Days	If less than one day
40	5	24	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John S. Balzer
13. Birthplace Balto.

MOTHER
14. Maiden Name Eliz. Lowry
15. Birthplace Balto.

16 (a) Informant John Ross H. Curran
(b) Address 3236 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gypsy Hill Rd.

18 (a) Funeral director John F. Connelly
(b) Address Essex Md.

19 (a) APR 23 1942 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to April 20 1942, and that I last saw h/m. alive on April 20 1942.

Immediate cause of death — Duration

Pulmonary Tuberculosis — 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F. White M. D.
Address 7601 Eastern Ave. Balto. Md. Date signed 4/24/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

F 91527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 91527

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street 1831 Madison Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE ROOSEVELT HAYES

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1898

8. AGE: Years	Months	Days	If less than one day
43	8 9	16	hr. min.

9. Birthplace Stevensburg, Virginia
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER

12. Name Emanuel Hays

13. Birthplace Virginia

MOTHER

14. Maiden Name Myrtle

15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 4 24 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 APR 23 1942 (b) Huntington Wilson, M.D.
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1942, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27, 1942 to April 20, 1942 and that I last saw h im alive on April 20, 1942

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?

(e) Means of injury

23. Signature

Address US Marine Hospital, Baltimore, Maryland. Date signed 4/21/42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death correct age is especially important. Physicians; please write the causes of death

F 91528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 91528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street and No. 143 West Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Little Fleming (Fleming)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7691

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mrs. Priscilla E. Fleming

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) August 30, 1882

8. AGE: Years 59 yrs. Months 7 Days 27 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and State)

10. Usual Occupation Stripmaster Dept of Lower Yard

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Mr. Henry Fleming
13. Birthplace Virginia

MOTHER
14. Maiden Name Miss Mary Burtfield
15. Birthplace Virginia

16 (a) Informant Priscilla E. Williams
(b) Address 143 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24/42 (Month, day) (Year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 APR 23 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1942 at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1942 to 4/22 1942; that I last saw h[illegible] alive on 4/22 1942

Immediate cause of death
Respiratory failure
Due to Pneumococcal lobar pneumonia 10 days
Due to Pneumococcus type I
Other Conditions Bacteremia
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen F. Calvert, M.D.
Address Union Memorial Hospital Date signed 4/22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct age is especially important.

VS 8

F 91529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered No. F 91529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air, R.D. Box 108
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John A.W. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. John A.W. Richardson (Jessie P Owen)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1865

8. AGE: Years 76 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Bel Air, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Dr. William S. Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Bissell
15. Birthplace Maryland

16 (a) Informant Mrs. John A.W. Richardson
(b) Address Bel Air Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cem. Location Churchville Md

18 (a) Funeral director John O. Mitchell Sons
(b) Address 400 Eutaw Place

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

APR 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/ 1942, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1942 to 4/23 1942 and that I last saw h/m alive on 4/23 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 3½ days

Due to: Hypertension Cardio-vascular disease — Duration ?

Due to:

Other Conditions: Bronchopneumonia Carcinoma of Skin of scalp — Duration 1-2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen F. Delaney, M.D. M.D.
Address Union Memorial Hospital Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH INK. correct age is especially important. Physicians: please write the cause of death

F 91530

E.S. (73425)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 91530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Henderson

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
~~56~~ ? 45	?	?	hr. min.

9. Birthplace Suffield, Va. (Town, county, and state)
10. Usual Occupation House work when well
11. Industry or business

FATHER
12. Name (husband does not recall name)
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (month) (day) (year)
(c) Cemetery or crematory
Location Suffolk, Virginia

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St

19 (a) APR 23 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942 at 11 27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1942 to 4-22 1942 and that I last saw h[illegible] alive on 4-22 1942.

Immediate cause of death Cerebral hemorrhage — Duration 2 days

Due to Hypertension C.V.D. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rabbitt M.D.
Address Balto. City Hosp Date signed 4-23-42

PLEASE WRITE PLAINLY, WITH [illegible] correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

31531 AD-72694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-F

F 91531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correctly. Age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 2Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2Mo. 1Da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
Street No. 1603 North Castle St.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Davis Jr. (Birth F. 44F16)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1942

8. AGE: Years	Months	Days	If less than one day
	2	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Shirley Havliand
15. Birthplace Maryland

16 (a) Informant B C H Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cemetery
Location Fullerton, Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Av.

19 (a) Apr 23 1942 Huntington Williams M.D.
(b) Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22 1942, at 11½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 19 42 to 4/22 19 42 and that I last saw h[illegible] alive on 4/22 19 42

Immediate cause of death Cardiac failure — Duration 2 mo

Due to Congenital heart disease

Due to Patent ductus arteriosus

Other Conditions Congenital Calcareous

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-23-42

F 91532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 91532 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Garrison Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Francis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Thomas Francis

MEDICAL CERTIFICATION

26. DATE OF DEATH April 22 1942 at 2:25 P.M.

27. I certify that death occurred on the date and at the hour stated above, due to the cause(s) and conditions stated below, and that I last saw deceased alive on April 22 1942.

Signature and title

Place of death

7. AGE: Years 58 Months 6 Days 21 Hours Minutes — If less than one day

8. Date of birth

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER
12. Name Dominic Zerega
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Zerega
15. Birthplace Italy

16 (a) Informant Mrs Stalfings
(b) Address 2303 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W. Dangan
(b) Address 1640 E North Ave

APR 24 1942 (Date rec'd by Registrar) (b) Livingston Williams, Registrar

Due to E Nephritis
Due to
Other Conditions Diabetes mellitus 2

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reitz
Address 3408 Windsor Ave Date signed 4-24-42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give full name of deceased; if unknown, state approximate age. Fill in all blanks; if none, write none. Be sure that every statement is clear and legible. Physicians: please write correct age in especially important.

VS 1

91533 474791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91533
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correctly and fill in all items. Information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ANNE ARUNDEL
(c) City or town ODENTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. BOX 316
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Freddie James LARKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-40

8. AGE: Years	Months	Days	If less than one day
1	4 16	15	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James LARKINS
13. Birthplace Md

MOTHER
14. Maiden Name Leola Foote
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Locust Church
Location A A Co Md

18 (a) Funeral director Martin Hodges Son
(b) Address Bowie Md

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.
APR 24 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1942 to Apr 23 1942 and that I last saw him alive on Apr 23 1942

Immediate cause of death Tuberculous meningitis — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roy Pollard M. D.
Address 5-H-10 Date signed 4-25-42

F 91534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 91534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3625 Yolando Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Yolando Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Wilhelmina Dittes

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband ~~or wife~~ Christian William Dittes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24th 1874

8. AGE: Years 68 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Louis Seidel
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Benson
15. Birthplace Balto. Md.

16 (a) Informant Christian W. Dittes
(b) Address 3625 Yolando Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto Md
Location

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) APR 24 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1942, at 9:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13th. 1942 to Apr. 21st 1942 and that I last saw h~~im~~er alive on Apr. 21st. 1942.

Immediate cause of death Lobar Pneumonia
Due to ——
Due to
Other Conditions LaGrippe, Arthritis Deformans
(Include pregnancy within 3 months of death)

Duration: 4 days / 6 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo W. Hungerford M.D.
Address 401 E. 25th. St. Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct age is especially important.

VS 3

F 91535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 91535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Old York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ridgely Joseph Anders.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-10-9965
4 Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 5. 1900
8. AGE: Years 41 | Months 7 | Days 16 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business
FATHER 12. Name James L Anders Sr
13. Birthplace Frederick Co Md
MOTHER 14. Maiden Name Minnie McKinnon
15. Birthplace Maryland
16 (a) Informant Robert A Huffman
(b) Address 702 McKean Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilson Bros
(b) Address 1217 E Pratt St
19 (a) APR 24 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942, at 1:00 M
21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942 to April 21 1942
and that I last saw h/ alive on April 20 1942

Immediate cause of death: Coronary Thrombosis — Duration
Due to
Due to
Other Conditions Hypertension.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George E Stamm MD M. D.
Address 700 N. Fulton Ave Date signed 4/22/42

PLEASE WRITE PLAINLY, with ink. Physicians; please write the cause of death in terms which will indicate correct age is especially important.

VS 3

91536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 91536

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapelgate Lane or) (Ward 23)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Martin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1392 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND (or) WIFE of: Michael P. Martin

6. DATE OF BIRTH (month, day, year): Mar 25th 1858

7. AGE: Years: 84 | Months: 0 | Days: 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Patrick Carroll

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Allen

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Geo. Radebaugh

(Address) 620 Burke Ave — Towson

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: April 26th 1942

19. UNDERTAKER: William Cook

(Address) 1017 St Paul St

20. FILED ..... 19.....

Registrar

APR 24 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1940 to April 22 1942

I last saw h[illegible] alive on April 22 1942 Death is said to have occurred on the date stated above, at 9:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Generalized	1936
Arteriosclerotic Heart Disease	1935
Myocardial Insufficiency April 22, 42	
Senile Dementia	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Papa M. D.

(Address) 4001 Wilkens Ave

Information desired is necessary to properly state CAUSE OF DEATH in plain terms, so that it may be classified. See instructions on back of certificate. OCCUPATION is very important.

F 91537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No. F 91537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Hollin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street 1408 Hollin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Smith

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Bernard A. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1855

8. AGE: Years	Months	Days	If less than one day
87	3	1	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name August Volkmann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kreuly
15. Birthplace Germany

16 (a) Informant Edith Foos
(b) Address 305 E. 25th St

17 (a) Burial (b) Date thereof 4/27/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) ~~Cemetery or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Doff
(b) Address 827 St. Paul St

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1942 to Apr 17 1942 and that I last saw her alive on Apr 17 1942.

Immediate cause of death: Carcinoma Left Ovary — Duration: 7

Due to

Due to

Other Conditions: arteriosclerotic cardio vascular disease — 7
~~Mitral Insufficiency~~
~~(Whether pregnancy within 3 months of death)~~

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — No — While at work? No
(Specify type of place)
(e) Means of injury —

23. Signature C P Rostberg
Address 326 W Lombard St Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death correct age is especially important.

F 91528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91538

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will show the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Union Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Union Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie E. McClellan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Jacob McClellan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25th 1863

8. AGE: Years	Months	Days	If less than one day
78	4	28	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Burkins
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Mary Preston
15. Birthplace Harford Co. Md.

16 (a) Informant Irene Tolson
(b) Address 1203 Union Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (b)
(Date received by Registrar) Huntington Ave. Registration District
APR 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1942, to April 23 1942, and that I last saw her alive on April 23 1942.

Immediate cause of death Coronary thrombosis — Duration 10 min.
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. H. Thompson M.D.
Address 1426 Lamvale St. Date signed 4-25-42

F 91539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91539 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution:
Snyder Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Road (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE LEE HOFFMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. J. Homer Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1866

8. AGE: Years	Months	Days	If less than one day
76	1	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph F. Burke
13. Birthplace Minnesota

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Vt.

16 (a) Informant Mrs. Mae Orem
(b) Address 306 Illchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location City

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) APR 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of ...

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1942, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1942 to April 22 1942 and that I last saw h[illegible] alive on April 22 1942.

Immediate cause of death Hypertensive Cardio Vascular Renal Disease — Duration 1939
Due to Arteriosclerosis
Due to
Other Conditions Cerebral Hemorrhage — 4/18/42
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas W Edmunds M.D.
Address 2746 Alameda Date signed 4/23/42

F 91540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-a

Registered No. F 91540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 West Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. JOSEPH LIPMAN (BESSIE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Joseph Lipman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25 1878

8. AGE: Years	Months	Days	If less than one day
63	6	26	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business NONE

FATHER
12. Name Louis Weitzman
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Mrs. Morris Smellow
(b) Address Daughter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Rd.

18 (a) Funeral director Jos. Levin Inc
(b) Address 1739 E. Baltimore St

19 (a) APR 24 1942 (b) Huntington Hill Registrar
Huntington Hill

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1942, at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18 1942 to Apr. 23 1942, and that I last saw h.er alive on Apr. 23 1942

Immediate cause of death Uremia — Duration

Due to obstructive anuria

Due to ~~Ster~~ renal calculi

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Memorial Hosp. Date signed 4/23/42

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the cause of death correct age is especially important.

F 91541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E-91541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 West. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County F 91541
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 West. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Leanna Foster

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Jan 19-1882

8. AGE: Years 60 | Months 3 2 | Days 9. | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Morgan Minor
13. Birthplace Va

MOTHER 14. Maiden Name Ann Minor
15. Birthplace Va

16 (a) Informant Frances Holland
(b) Address 331 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (a) Apr 24 1942 (Date rec'd by registrar) (b) Kenneth Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-42 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1942 to 4/22 1942 and that I last saw her alive on 4/22/1942

Immediate cause of death: Broncho Pneumonia

Due to: Exposure & Colds

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N Central Ave Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correctly. Accuracy is especially important.

VS 3

F 91542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-2 Registered No.

F 91542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwoods Guest Streets
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward M. Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-4877

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Bernice Lisowska

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1909

8. AGE: Years 32 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation guard

11. Industry or business Bethlehem Key Dock

FATHER
12. Name Joseph Warner
13. Birthplace Lithuania

MOTHER
14. Maiden Name Marie Graber
15. Birthplace

16 (a) Informant Mrs Bernice Warner
(b) Address 2507 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)

(c) Cemetery or crematory Meadow Padge Cem.
Location Washington Blvd at Dorsey

18 (a) Funeral director John J. Keegan & Son
(b) Address 901 Hollins St

19 (a) APR 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942, at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to April 22 1942, and that I last saw h in alive on April 22 1942

	Duration
Immediate cause of death: coronary occlusion, left	
Due to: pneumococcic endocarditis	
Due to: pneumococcic septicemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 21, 1942

Major findings of operation: embolus — left femoral artery

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Levinson M.D.

Address University Hospital Date signed April 23 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 9154 BALTIMORE CITY HEALTH DEPARTMENT 61 F 91543

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Hilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Hilton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Windroth.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex: Male. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Emma Windroth.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16-1866

8. AGE: Years 75 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Paperhanger.

FATHER
12. Name A. Windroth.
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Cailing.
15. Birthplace Unknown.

16 (a) Informant Francis Windroth Meineke
(b) Address 422 N. Hilton St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 24 42. (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) _____ (Date rec'd by registrar) (b) Huntington Williamsburg, Md.

APR 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 4.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1940. to April 20 1942. and that I last saw him alive on 4-26 1942.

Immediate cause of death: Diabetic Coma. — Duration: 2 days

Due to: Diabetes. — 2 yrs.

Due to: Arteria sclerosis. — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Davies. M. D.
Address 800 W 32nd St. Date signed 4-22-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age is especially important.

F 91544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N. Monroe st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 425 N. Monroe st
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Gary.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	Widow.

6 (b) Name of husband or wife Wm Gary.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/1/1864

8. AGE: Years	Months	Days	If less than one day
77	6	22	11 hr. 30 min.

9. Birthplace Germany.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business —

FATHER
12. Name Minnie Gary
13. Birthplace Germany.

MOTHER
14. Maiden Name Minnie Glengat
15. Birthplace Germany.

16 (a) Informant Mrs Minnie F. Oppold
(b) Address 425 N. Monroe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director Robt Brooks & Son
(b) Address Calhoun & Hollins

19 APR 24 1942 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to April 1942, and that I last saw h alive on April 21 1942.

Immediate cause of death: Coronary thrombosis — Duration: instant

Due to: arteriosclerotic heart disease — unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reuben Rothbard M. D.
Address 910 W. Lombard Date signed 4-24-42

PLEASE WRITE PLAINLY. Will ... correct age is especially important. Physicians: please write the cause of ...

VS 8

Spec.—5-15-29—L. P. S.—100 Blks.

F 91545 HEALTH DEPARTMENT—CITY OF BALTIMORE

83-W F 91545

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 205 W 24th St 12-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucian Page

(a) RESIDENCE NO. 205-W 24th St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widow(er), or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Page

6 DATE OF BIRTH (month, day, and year) Nov 30, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Blanchard Randall

9 BIRTHPLACE (city or town) (State or country) King & Queen Co Va

PARENTS

10 NAME OF FATHER Claybourne Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) K & Q Co Va

12 MAIDEN NAME OF MOTHER Cordelia Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Houston Co Va

14 Informant Alice Page

(Address) 205-W 24th St

15 APR 24 1942 Huntington Williamsburg VA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22-1942

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1942 to April 22, 1942

that I last saw him alive on April 21, 1942

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Rt Side Brain).

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

(Address) 120 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem 2101 McCulloh St

DATE OF BURIAL 4-25 1942

20 UNDERTAKER Archibald & Gaddy

ADDRESS

OF DEATH is plainly written. Important. See instructions on back of certificate.

F 91546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91546 Registered No.

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of death ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 N. Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside any corporate limits, write RURAL and give township)
(d) Street No. 327 N Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Whiting

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Lizzie Wright
15. Birthplace Md

16 (a) Informant Frank Whiting
(b) Address 327 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. D. Kelso
(b) Address 1343 Pressman

19 (a) APR 24 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at 525 N.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature W. J. Pelfrey M.D.
Date signed 4/23/42 Medical Examiner.

F 91547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91547 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 Etting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town write RURAL and the town)
(d) Street No. 1807 Etting St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birse Kendall

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Josephine
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1888

8. AGE: Years 53 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name Brown
15. Birthplace

16 (a) Informant Jacqlyne Kendall
(b) Address 1807 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. D. Kelson
(b) Address 1363 Eastman Ave

19 (a) APR 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942, 9:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Broncho pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Telfeck M.D. Medical Examiner.
Date signed 4/23/42

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and answer every question. Do not use abbreviations. Do not leave any space unanswered. Write "none" where necessary. If unknown, or if doubtful, state so. Do not state "same as informant" or "unknown." Do not write in margins or between lines. Do not use ditto marks. Be sure to give the exact place of death and correct age in especially important. Physicians: please write the causes of death clearly and fully.

VS 6

F 91548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 91548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 N Carrollton Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 N. Carrollton Ave (If rural give location)
16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Booze

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Gedney Booze
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1876

8. AGE: Years 66 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation House work

11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace "

MOTHER
14. Maiden Name Not Known
15. Birthplace "

16 (a) Informant David Booze
(b) Address 1117 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/42 (months) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Olsen
(b) Address 1302 Pressman

19 APR 24 1942 (Date rec'd by Registrar) (b) Huntington Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942 8:05 P.M

23. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1942 to 4/22 1942 and that I last saw her alive on 4/22 1942

Immediate cause of death: Coronary Thrombosis
due to: Arteriosclerosis
Due to: Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Knauff M. D.
Address 601 N Carrollton Ave Date signed 4/23/42

PLEASE WRITE PLAINLY. Cause of death may be entered in terms commonly accepted by the medical profession. Do not use abbreviations or symbols. Please write the address correct age is especially important. Physicians: please write the address

VS 3

F 91549

BALTIMORE CITY HEALTH DEPARTMENT

F 91549

E. S. (73078)

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life (70)?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 N. Brunt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Douglas Knox

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1872

8. AGE: Years	Months	Days	If less than one day
70 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Md.
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Druid Hill Ave.

19 (a) APR 24 1942 (Date rec'd by registrar) Huntington Hall, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1942, at 10 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1942 to 4-21 1942 and that I last saw him alive on 4-21 1942.

Immediate cause of death
Bronchopneumonia
Cardiac failure

Due to
Hypertension C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

Duration
3 days
1 month
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rattlin M. D.
Address Balto. City Hosp. Date signed 4-21-42

PLEASE WRITE PLAINLY. Items must be correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 91550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 91550

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1957 Snyder Ave (If rural give location)
(e) Citizen of foreign country Yes (Yes or No) If yes, name country Italy

3 (a) FULL NAME Dominick Reale

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of wife: Maria Reale
6 (c) If alive, give age: 61 years
7. Birth date of deceased (mo., day, yr.) May 5th 1875
8. AGE: Years 66 Months 11 Days 16 If less than one day hr. min.
9. Birthplace Campochiaro Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Luigi Reale
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Capparelli
15. Birthplace Italy

16 (a) Informant Maria Reale (Wife)
(b) Address 1957 Snyder Ave (Dundalk Md.)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25th/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) APR 24 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942, to April 21 1942, and that I last saw him alive on April 21 1942.

Immediate cause of death: Carcinoma Liver — Duration
Secondary Carcinoma
Due to
Due to
Other Conditions Epigastric Hernia
(Include pregnancy within 3 months of death)
Date of operation April 14 1942
Major findings of operation: Carcinoma of Liver & Epigastric Hernia
If autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Templeton M.D.
Address Md. General Hosp. Date signed 4/24/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians; please write the causes of death clearly and correct age is especially important.

VS 3

F 91551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91551 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the address correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 541 Brunt Court
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Brunt court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Hubert Evans
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 14, 1886

8. AGE: Years	Months	Days	If less than one day
55	11	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John Ellcott
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hubert Evans
(b) Address 541 Brunt Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Gallram
Location Md

18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Presstman St.

19 APR 24 1942 (Date received) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 19 42, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 19 42, to Apr 23 19 42, and that I last saw h[er] living on Apr 23 19 42.

Immediate cause of death: Coronary Thrombosis — Duration: 4/23/42
Due to: Chronic Myocardial Degeneration — Duration: 0
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Knudsen M.D.
Address 1928 Pa. Ave Date signed 4/24/42

F 91552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Louise Murray
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 18, 1903
8. AGE: Years 36 Months 11 Days 4 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business
12. FATHER Name Wm Murray
13. Birthplace Md
14. MOTHER Maiden Name Louisa Sterrett
15. Birthplace Md
16 (a) Informant Beulah Sterrett
(b) Address 1303 N. Bruce St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Gutrune
Location Md
18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman
APR 24 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22 1942, at 7 30 M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1942 to Apr. 22 1942 and that I last saw her alive on Apr. 22 1942
Immediate cause of death Coronary Thrombosis — Duration 3 Weeks
Due to Arteriosclerosis Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ralph W. Redding M.D.
Address Provident Hosp. Date signed 4/23/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the condition which caused death, avoiding the use of abbreviations or terms which are not commonly understood. Please report immediately any contagious disease. Please report at once any case of death without medical attendance, that the circumstances may be investigated. Please fill out every item, or write "unknown" or "none" so as to make a complete record. Please write with ink. Please write the address of the informant. Please write the correct age in years, months, days, hours, or minutes, as the case may be. The space for "Duration" is especially important.

V8 8

F 91553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-6

F 91553 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 ALICEANNA St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 ALICEANNA St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL DEMBOWCZYK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	DIVORCED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name ?
13. Birthplace POLAND

MOTHER
14. Maiden Name ?
15. Birthplace POLAND

16 (a) Informant EVA CHMIELEWSKI
(b) Address 1525 ALICEANNA ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 25 42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS NATIONAL
Location BALTIMORE

18 (a) Funeral director Frank W Cazzenski
(b) Address 1900 Eastern Ave

19 [illegible] Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 24 1942, at 10:38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15-42 19__ to 4-23-1942, and that I last saw h/m alive on 4-18-1942

Immediate cause of death: Carcinoma of Larynx
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: (?)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas F. Mantonna M. D.
Address 2533 Eastern Ave. Date signed 4-24-42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 8

MFF 91554
73428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 91554
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Elkins Lane (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Beard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Harry Beard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1873

8. AGE: Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Cumberland, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Morris
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Baden. Bell Rem
Location Ci. Ave.
18 (a) Funeral director C. Howard Evans
(b) Address 1400 Mc Culloh
19 (a) (Date received by registrar) Huntington Williams Registrar

APR 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1942 to 4-22 1942, and that I last saw her alive on 4-22 1942

Immediate cause of death Cerebral hemorrhage — Duration 2 days
Due to Hypertension C.V. Lesion — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Carpenter M. D.
Address Balto. City Hosp. Date signed 4-23-42

PLEASE WRITE PLAINLY; with ... correct age is especially important. Physicians: please write the cause of ...

F 91555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and concisely.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4505 WALTHER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4505 WALTHER AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA BURGERDING

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: GEORGE C. BURGERDING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 9 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	7	14		

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JOHN RITTER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: ADELINE HOLSTE
15. Birthplace: HARFORD CO. MD.

16 (a) Informant: HOWARD BURGERDING (SON)
(b) Address: 4505 WALTHER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 27/42 (month) (day) (year)
(c) Cemetery or crematory: BALTIMORE
Location: END OF EAST NORTH AVE.

18 (a) Funeral director: Lilly & Zeiler
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by Registrar) APR 24 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 23 1942, at 2/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 23 1942. and that I last saw h[illegible] alive on Apr. 22 1942.

Immediate cause of death: Complete Heart Block — Duration: 3 days
Due to: Arteriosclerotic Heart disease
Due to: Generalized arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: George Rawyne M. D.
Address: 4308 Harford Rd. Date signed 4/24/42

F 91556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56-D

F 91556 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Fell Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

23

3 (a) FULL NAME Leon or William I. Rostek

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Veronica (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1900

8. AGE: Years	Months	Days	If less than one day
42	3	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Raul Roster (d)
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ? (d)
15. Birthplace Poland

16 (a) Informant PETER P. ROSTEK (BROTHER)
(b) Address 723 S. LUZERNE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-25-42 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) APR 24 1942 (Date received by registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1942 to 4-22 1942 and that I last saw h alive on 4-22 1942

Immediate cause of death	Duration
Benign brain tumor	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp. Date signed 4-23-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death correctly as is especially important.

F 91557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119-a

F 91557
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1247 Battery Ave
(c) Hospital or institution Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Battery (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wallace Bryant (Birth F 45433) ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1942

8. AGE: Years 7 Weeks | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Geo.
13. Birthplace Balto

MOTHER 14. Maiden Name Pauline Shaw
15. Birthplace Balto

16 (a) Informant Mrs. Bryant
(b) Address 1247 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Mt Olivet Ave

18 (a) Funeral director D J McCauley
(b) Address 30 E Fort Ave

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D.

APR 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at 6a · M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1942 to Apr 23 1942 and that I last saw h[illegible] alive on Apr 23 1942

Immediate cause of death Cardio-respiratory failure — Duration

Due to cause undetermined

Due to

Other Conditions diarrhea & vomiting (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: Bronchopneumonia & abscess formation

of autopsy: & empyema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert S. Ross M.D.
Address Sinai Hosp. Date signed 4/25/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the information correct age is especially important.

91558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91558
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Catan Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Glendon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

25

3 (a) FULL NAME Jos. Frank Macek

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7491

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Klementina

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 16, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	8	hr. min.

9. Birthplace (town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Hecht Bros.

FATHER
12. Name John Macek
13. Birthplace Europe

MOTHER
14. Maiden Name Frany Janusek
15. Birthplace Europe

16 (a) Informant Mrs Klementina Macek
(b) Address 1330 Glyndon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Maryland Ave

18 (a) Funeral director John J Bowan & Son
(b) Address 901 Fleming St

19 (a) RR 24 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 19 , at 6:02 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1942 to 7/24 1942.
and that I last saw h / alive on 7/24 1942.

Immediate cause of death
(a) Pulmonary Tbc
Lung (Left)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Bowan
Address St Agnes Hosp Date signed 7/27/42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 8

F 91559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137-a

F 91559
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1651 Bluefountain ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1651 Bluefountain ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John S. Mombruger Sr.

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie S.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 22 1865

8. AGE: Years	Months	Days	If less than one day
72	7		hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Mombruger
13. Birthplace Germany

MOTHER
14. Maiden Name Kilebrew Strauss
15. Birthplace Germany

16 (a) Informant Annie S. Mombruger
(b) Address 1651 Bluefountain ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 26 42 (month) (day) (year)
(c) Cemetery or crematory Lawndale Pk. Cem.
Location Frederick Rd.

18 (a) Funeral director M. W. K. Dyer & Sons.
(b) Address 1600 Gough & Ann Sts.

19 (a) APR 24 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942 at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1942, to 4-22 1942, and that I last saw h im alive on 4-22 1942.

Immediate cause of death	Duration
Benign Enlargement of Prostate	3 mo
Due to Acute Circulatory Collapse	1 hour
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip U. Thom M. D.
Address 725 E. North Ave Date signed 4-23-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91560 .

CERTIFICATE OF DEATH

93-D F 91560

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Riggins

If U. S. Veteran specify WAR

(a) Residence: No. 12 S. Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur G Riggins

6. DATE OF BIRTH (month, day, year) Sept 29 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Paterick Mc Donald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Arthur G Riggins

(Address) 12 S Arlington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Haven Date April 25 1942

19. UNDERTAKER Harry H Metzke

(Address) 4101 Edmondson ave

20. APR 24 1942 Huntington Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 20 1942 to April 22 1942

I last saw her alive on April 22 1942 Death is said to have occurred on the date stated above, at 11:55 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Acute pulmonary Congestion
Myocardial failure.

Date of onset 4/19/42

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph E. Myers Jr. M. D.

(Address) 1520 Hollins St

INFORMATION required in order to state CAUSE OF DEATH in plain terms, so that it may be understood, and to state OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 91561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 91561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Brentwood ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Brentwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lipter

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1011

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Romalia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13-1873

8. AGE: Years	Months	Days	If less than one day
59	1	913	hr. min.

9. Birthplace Hungary (Town, County, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Anthony Lipter

13. Birthplace Hungary

MOTHER 14. Maiden Name Anna Horbath

15. Birthplace Hungary

16 (a) Informant Margaret Myers

(b) Address 1915 Brentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-1942 (month) (day) (year)

(c) Cemetery or crematory Western

Location Frederick Rd

18 (a) Funeral director Edward Tonkin

(b) Address 2363 Wash Blvd.

19 (a) Date received by registrar APR 24 1942 (b) Burial permit issued at Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1942, at 9:50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10/1942 to 4/22/1942 and that I last saw him alive on 4/21/1942

Immediate cause of death Starvation

Due to Carcinoma of Stomach

Due to

Other Conditions Rheumatism Heart Disease

(Include pregnancy within 3 months of death)

Duration 3 yrs ?

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Edgar F. Miller M. D.

Address 2623 Pennsylvania Ave Date signed 4/23/42

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death in correct age in especially important.

VS 8

91562

E.S. (73056)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 91562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 755 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Perkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 438-14-1277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1910

8. AGE: Years	Months	Days	If less than one day
31	8	10	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Marine Engineer
11. Industry or business Bethelem Steel Co.

FATHER
12. Name William Perkins
13. Birthplace North Carolina

MOTHER
14. Maiden Name Anna Woodie
15. Birthplace North Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 4-25-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory W. Jefferson - N.C.
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway

19 APR 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1942 at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1942 to 4-21 1942.
and that I last saw him alive on 4-21 1942

Immediate cause of death	Duration
Anemia	?
Uremia	?
Due to Acute glomerulonephritis	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard H. Peckham M. D.
Address Balto. City Hosp Date signed 4-23-42

VS 1 Bur. B & O.

PLEASE WRITE plainly. Physicians: please write the cause correct age is especially important.

91563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-A

F 91563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del. (b) County
(c) City or town Wilmington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 W. 13th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Noonan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Hazel Noonan
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 9/24/15

8. AGE: Years	Months	Days	If less than one day
26	7	-	hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual Occupation Asst Priority Engineer
11. Industry or business

FATHER
12. Name James F. Noonan
13. Birthplace Ireland

MOTHER
14. Maiden Name Agnes F. Dorsey
15. Birthplace Delaware

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Wilmington Del

18 (a) Funeral director John J. Noonan
(b) Address 300 E. 8th St.

APR 24 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1942 to April 24 1942
and that I last saw him alive on April 24 1942

Immediate cause of death
Subacute Bacterial Endocarditis due to Strep. Salivarius

Due to Congenital heart disease

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Chas. Heimbright
Address Johns Hopkins Hosp. Date signed 4/24/42 M.D.

PLEASE WRITE plainly. Physicians: please write the cause correct age is especially important.

91564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 91564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St.
(c) Hospital or institution: St Joseph Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 1804 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Bessie C. Bacon

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Walter C. Bacon
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Nov 25 1892

8. AGE: Years	Months	Days	If less than one day
49 50	4	27	hr. min.

9. Birthplace Baltimore County (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. S. Starr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Amelia V. Shaffer
15. Birthplace Baltimore County

16 (a) Informant Mr Walter C. Bacon
(b) Address 1804 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director J. Heyman & Son
(b) Address 92 S. Broadway

19 (a) APR 24 19[illegible] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1942, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1942 to 4/22 1942 and that I last saw h.e.r alive on 4/22 1942

Immediate cause of death	Duration
Heart Failure	
Due to Coronary Thrombosis	48 hrs
Due to Hypertensive Cardio Vas. Dis.	2 yrs?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Tompkins
Address St. Joseph's Hospital Date signed 4/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

91565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 91565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 285 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aksenty Ketzko or Andrew Katzko

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-7297

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 42 at 9 P. M

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1893
8. AGE: Years 49 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business United Dyestuff Co.

FATHER
12. Name Dinko Katzko
13. Birthplace Russia

MOTHER
14. Maiden Name Olga
15. Birthplace Russia

16 (a) Informant Dora Katzko
(b) Address 127 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Grebliunchak Jr
(b) Address 1423 S. Paca St.

19 APR 24 1942 (Date rec'd by registr.) (Signature) Registrar

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 4-21-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will indicate clearly the underlying cause and the correct age is especially important.

VS 6

F 91566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Normandy Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Normandy Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

207

3 (a) FULL NAME Mary E. Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas O. Lynch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1869.

8. AGE: Years	Months	Days	If less than one day
72	11	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Francis Lockard
13. Birthplace Md.

MOTHER
14. Maiden Name Debibiss
15. Birthplace Md.

16 (a) Informant Thomas O. Lynch
(b) Address 518 Normandy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25/42. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave.
19 (a) Registrar Huntington Williams M.D.
(b) Date received APR 24 1942

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22/42. 19 . at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940. to April 22 1942. and that I last saw her alive on April 22 1942.

Immediate cause of death	Duration
Arterio sclerotic cardio Vascular disease with myocardial failure	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Battaglia M. D.
Address 3921 Edmondson Ave. Date signed 4/27/42

PLEASE WRITE correct age is especially important. Physicians' p

91567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Forrest St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Karen Gross

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widow/widower~~ divorced: Married

6 (b) Name of ~~husband~~ John M. Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16th 1861

8. AGE: Years 80 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace Norway
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Christian Hansen
13. Birthplace Norway

MOTHER
14. Maiden Name Eli (Karlsrud)
15. Birthplace Norway

16 (a) Informant John M. Gross
(b) Address 1111 Forrest St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/27/42
(month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodland Park
Location Parkville Rd. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (d) APR 25 1942 (Date filed by registrar) Hunting to Williamsport, Md.

VS 3

PLEASE WRITE plainly. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942, at 5.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 1941 to March 1942, and that I last saw her alive on March 20 1942.

Immediate cause of death Cardiac failure

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 year
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Seade M.D.
Address 2435 Md Ave Date signed 4/25/42

91568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59-B

F 91568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Garrett Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Compton

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Jan 6th 1928

8. AGE: Years 14 | Months 3 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Flint, Michigan (Town, county, and state)
10. Usual Occupation Student
11. Industry or business Public School

FATHER
12. Name Wilmer S. Compton
13. Birthplace Alexandria La

MOTHER
14. Maiden Name Marian Clair
15. Birthplace Lawton Oklahoma

16 (a) Informant Wilmer Compton
(b) Address 2546 Garrett Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory Grace Lawn
Location Flint, Michigan

18 (a) Funeral director Woolman Cook
(b) 1942 St. Paul St

APR 25 1942 (Date rec'd by registrar)

19 (a) ___ (b) Huntington Williams, M.D. Address Sinai Hosp. Date signed 4/24/42

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 19 42 at 9:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 19 42 to April 23 19 42, and that I last saw h[illegible] alive on April 23 19 42

Immediate cause of death Resp. Failure — Duration Several hours

Due to Cardiac Failure

Due to Rheumatic Fever — 3 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 91569
414620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-M

Registered No. F 91569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town WOODLAWN (If outside city or town limits, write RURAL and give town)
(d) Street No. 6411 WINDSOR Mill Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Coleman

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 212-14-[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1878

8. AGE: Years	Months	Days	If less than one day
63	5	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation PAPERHANGER

11. Industry or business

FATHER
12. Name Charles Coleman
13. Birthplace MD

MOTHER
14. Maiden Name MARY TAYLOR
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director H. C. Rosamond Cook
(b) Address 1217 W. Pratt St

19 (a) APR 25 1942 (Date rec'd by registrar) Huntingtown Calvert Co. Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1942 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1942 to Apr 24 1942 and that I last saw him alive on Apr 24 1942.

Immediate cause of death: Shock Peritonitis — Duration 10 hrs

Due to Leakage of Gastroenterostomy

Due to Gastric section for hemorrhage from gastric ulcer

Other Conditions Renal Failure

(Include pregnancy within 3 months of death)

Date of operation 4-15-42 4-23-42

Major findings of operation: Gastric ulcer, Leaking gastroenterostomy

of autopsy Localized peritonitis.

PHYSICIAN
Underline the cause to which the above should be charged most fatally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus M Reinitz
Address Johns Hopkins Hosp Date signed 4-24-42

PLEASE WRITE correct age is especially important. Physicians; please write the

VS 8

91570

E.S. (68441)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 91570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Eastern Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Duvall

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 212-12-6271

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23 1883

8. AGE: Years 61 62 2/12; Months 5 2/12; Days 0 2/12; If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Brass Finisher

11. Industry or business Odd jobs

FATHER
12. Name Thomas (d)
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Victoria Warfield (d)
15. Birthplace Baltimore, Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1417 W. Fayette St. Baltimore, Md.

19 APR 25 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1942 at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1941 to 4-23 1942 and that I last saw h alive on 4-23 1942

Immediate cause of death: Intestinal Obstruction — Duration: 2 days

Due to: Carcinoma of Rectum? — 2 mo

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-22-42

Major findings of operation: Intestinal Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorsett Roberts
Address Balto City Hosp Date signed 4-25-42

PLEASE WRITE PLAINLY. Physicians' prompt attention to correct Age is especially important.

VS 3

91571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. E 91571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2. 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth A. Wright

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Wilbur T. Wright Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28th 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	9	24		

9. Birthplace Balto Co. Md (Town, county and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name Wm Tamed Bartlett
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Annie Rebecca Amoss
15. Birthplace Balto. Co. Md

16 (a) Informant Home for Aged of M. E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/25/42 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 APR 25 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to April 22 1942 and that I last saw h~~er~~ alive on April 22 1942

Immediate cause of death: Apoplexy.
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 12 days; 10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony J. Davies M. D.
Address 800 W 33rd St Date signed 4-24-42

PLEASE WRITE CLEARLY. Physicians: please write correct age in especially important.

91572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-A

F 91572
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 E. 20½ St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edwin McCabe

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 205-07-6538

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife: Mary F. McCabe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6th 1894

8. AGE: Years	Months	Days	If less than one day
47	5	17	hr. min.

9. Birthplace: Balto Md. (City, county, and state)
10. Usual Occupation: Machinist
11. Industry or business: B & O R. R.

FATHER
12. Name: John F. McCabe
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Catherine Kauffman
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs Mary F. McCabe
(b) Address: 637 E. 20½ St.

17 (a) Burial (Burial, cremation, removal): (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cem Baltimore National Cem
Location: Baltimore Md. Baltimore Md.

18 (a) Funeral director: William Bork
Address: 617 S. Paca St.

19 APR 25 1942 (Date rec'd by registrar) (b) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942 at 4 PM

21. I certify that death occurred on the date above stated that I attended deceased from April 21 1942 to April 22 1942, and that I last saw ~~him~~ alive on April 22 1942.

Immediate cause of death: Internal Hemorrhage — Duration

Due to: Perforated Duodenal Ulcer — Duration

Due to: Gastric Varix — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry Doller Brown M.D.
Address: Mercy Hospital Date signed: April 22 1942

PLEASE ANSWER ALL QUESTIONS. Underline the correct answer. Physicians: please write plainly. Accuracy in filling out the correct age is especially important.

VS 8

9444832

9373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 91573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3956 Cloverhill Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lyman Colt Josepha

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Alice V Hilson
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) 12-25-58

8. AGE: Years	Months	Days	If less than one day
86	3	30	hr. min.

9. Birthplace La. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name A. K. Josepha
13. Birthplace La.

MOTHER
14. Maiden Name Mary Colt
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 25-/4 (month) (day) (year)
(c) Cemetery or crematory Berkeley Memorial
Location Newport Rhode Island

18 (a) Funeral director Henry H. Jenkins Sons Co.
(b) Address McCulloh & Richards Sts.

19 APR 25 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 24 1942 and that I last saw him alive April 24 1942

Immediate cause of death Cardiac failure
Pulmonary edema &c.

Due to Arteriosclerotic heart disease
Renal failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy None

Duration about a week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce M. Gray M. D.
Address The Johns Hopkins Hosp. Date signed 4/24/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

VS 1

91574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 91574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address 607 Boulden st.
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mths

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 S Boulden st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Mary Sherry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Sherry
6 (c) If alive, give age 49 yrs

7. Birth date of deceased (mo., day, yr.) 1893 yr

8. AGE: Years	Months	Days	If less than one day
49	-	-	hr. - min.

9. Birthplace Russia.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Skubonek
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Anya Ivanusa
(b) Address 607 S. Boulden st

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory St Andrews Russian Orthodox
Location A. A. County

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 N North ave

19 APR 25 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1942 at 9 05 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 12 1941 to Apr 24 1942, and that I last saw h alive on Apr 24 1942.

Immediate cause of death	Duration
Coronary Thrombosis Apr 24	4 hrs
Due to Hy. Myocarditis	6 yrs
Due to Diabetes Mellitus	6 yrs
Other Conditions Phlebitis L Leg	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Skubonek M. D.
Address 3505 Potomac Date signed Apr 24 42

VS 1

PLEASE WRITE PLAINLY. Physicians: please write carefully. Be sure that every item is correct and complete. Accuracy is especially important.

F 91575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 E Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME August A. Edell

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna May Helfrich

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb. 11th, 1873

8. AGE: Years 69 Months 2 Days 12 If less than one day ##### min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer (Street cleaning Dept.)

11. Industry or business Retired

FATHER
12. Name Henry Edell
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Volant
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Anna May Edell
(b) Address 1222 E. Lafayette Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Road Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 Filed for record APR 25 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 23 1942 and that I last saw h[illegible] alive on April 20 1942.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Hypertension Cardio-Vascular Renal Disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Blum, M. D.
Address 1206 E. Preston St. Date signed 4/27/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms that a correct age is especially important.

VS 2

F 91576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Mr. Joseph Gotzian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Philippine Gotzian
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	28	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Resturant Owner
11. Industry or business

FATHER
12. Name ? Gotzian
13. Birthplace Germany

MOTHER
14. Maiden Name Unkowned
15. Birthplace Germany

16 (a) Informant Mrs Philippine Gotzian
(b) Address 3901 Greenmount Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location East Odonnell St.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) APR 25 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942; at 5:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1942, to 4/22 1942, and that I last saw h[illegible] alive on 4/22 1942.

Immediate cause of death
Myocardial Failure
Due to Arteriosclerotic Cardio-Vasc Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md General Hosp. Date signed 4/23/42

* PLEASE WRITE PLAINLY, with unfamiliar words. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P

F 91577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2736 Kildari Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida V. Gill.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
****	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26. 1869

8. AGE: Years	Months	Days	If less than one day
73	0	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business Martin Gillett Co.

FATHER
12. Name Elisha H. Gill
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Melinda J. Cannon
15. Birthplace Maryland

16 (a) Informant Mrs. Josephine M. Brooks
(b) Address 2736 Kildari Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location East Eastern Ave.

18 (a) Funeral director John A. Mogan
(b) Address 3800 E. Baltimore St.

19 (a) Apr 25 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1942, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24, 1940 to Apr. 22, 1942, and that I last saw h er alive on April 22, 1942.

Immediate cause of death	Duration
Congestive Heart Failure	24 hrs.
Myelitis with paralysis of lower extremities and bladder	3 weeks
Due to Arteriosclerosis	Unknown
Due to Chronic Endocarditis	Unknown
Chronic Myocarditis	Unknown

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philibert Artigues M. D.
Address 2942 E. Fayette St. Date signed 4/24/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey the correct idea. Punctuation is especially important.

VS 8

F 91578 × ✓ F 91578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution: US Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 618 George St., (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME FRANK JEREMIAH LONG

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Jones

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1888

8. AGE: Years	Months	Days	If less than one day
53	4	22	hr. min.

9. Birthplace Wilmington, West Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Nat'l. Cash Register

FATHER 12. Name Allen Long

13. Birthplace Wilmington, W. VA.

MOTHER 14. Maiden Name Mary Jones

15. Birthplace Wilmington, W. Va.

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/42 (month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Hagerstown Md

18 (a) Funeral director H. K. Coffman

(b) Address Hagerstown Md.

19 (a) APR 25 1942 Washington Registrar (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1942 to April 24, 1942, and that I last saw him alive on April 24, 1942.

Immediate cause of death	Duration
Congestive failure	Unknown
Due to Myocardial degeneration	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Dawes M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 4/24/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will indicate correct age is especially important.

VS 3

F 91579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 Registered No. F 91579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Weinreich (WILLIAM EMIL WEINREICH)

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 18 75

8. AGE: Years	Months	Days	If less than one day
65	7	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Post Office.

FATHER
12. Name Franz Weinreich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wiese
15. Birthplace Germany

16 (a) Informant Mrs. E. Eberson Wife
(b) Address 905 St. Paul St.

17 (a) burial (b) Date thereof Apr. 25. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.
HENRY SANDER & SONS, INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway.

19 (a) Received APR 25 1942 (b) Registered by (Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Asphyxiation

Due to Hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-22-42 at 4 P M
(c) Where did injury occur? 905 St. Paul St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury: Suspended by hemp rope

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 4-23-42

PLEASE WRITE PLAINLY. Physician: please write the cause of death in such terms as will convey to the lay mind the correct idea of disease or accident. Cause of death is especially important. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct idea of disease or accident.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91580 F 91580

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 APPLETON St. 16-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CARRIE L. SCHROEDER. If U. S. Veteran specify WAR

(a) Residence: No. 1017 APPLETON St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEM	WHITE	SINGLE

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) APRIL 26 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME WILLIAM SCHROEDER

14. BIRTHPLACE (city or town) (State or country) GERMANY.

MOTHER

15. MAIDEN NAME CAROLINE NIEWOHNER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MRS WILLIAM HILD

(Address) 1017 APPLETON ST.

18. BURIAL, CREMATION, OR REMOVAL

ST PAULS CEM DRUID HILL PK Date APR 26 1942

19. UNDERTAKER Mrs Thos A. J. Rohde

(Address) 2327 Edmondson Ave

20. FILED APR 25 1942 Hunting for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 23-42

22. I HEREBY CERTIFY, That I attended deceased from 4/23 1942 to 4/25 1942

I last saw her alive on 4/23 1942 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Coronary Thrombosis	Apr 23-42
Other contributory causes of importance:	

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman R. Klenman, M. D.

(Address) 1101 N. Fulton Ave

Henry L. Wallenmeyer, M D per Dmitrings

vs

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 91581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 91581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 de.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Grey 72922

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lorsen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1905

8. AGE: Years 35 | Months 4 | Days 0 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Adie Wosby
13. Birthplace Va.

MOTHER
14. Maiden Name Ardell Selden
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Natural (Burial, cremation, or removal) (b) Date thereof April 27-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
Funeral director Va B Brooks
Address 1163 N. Carey St

APR 25 1942 Date rec'd by registrar

Huntington Williams M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22 1942, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1942, to Apr. 22 1942, and that I last saw her alive on Apr. 22 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 16 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Cuthbertson M. D.

Address Bullo. City Hosp Date signed 4-23-42

Specially important. Physicians please write

VS 1

F 91582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 91582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Ralworth Rd
(c) ~~Hospital or institution~~: Northwood
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 N. Patterson Park Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifford W. Hancock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Catherine Hancock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	11	26		

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Policeman

FATHER
12. Name Clifford W. Hancock
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Draper
15. Birthplace Md.

16 (a) Informant Catherine Hancock
(b) Address 1510 Ralworth Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/25/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Gohl
(b) Address 229 St. Paul St

19 (a) APR 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1932 to April 23 1942 and that I last saw h~~e~~r alive on April 22 1942.

Immediate cause of death: Rupture of abdominal aneurysm — Duration 8 yrs.

Due to: arterio-sclerosis — Duration unknown

Due to:

Other Conditions: arterio-sclerotic Heart Dis — Duration 10 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis Hutchins M. D.
Address 1720 Eutaw Pl Date signed April 27/42

PLEASE WRITE ~~PRINT~~ correct age is especially important. Physicians: please write

VS 1

F 91583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 91583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co.
(c) City or town Belair
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Clandette Sexton

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/7/41

8. AGE: Years | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Dale Sexton
13. Birthplace Va

MOTHER 14. Maiden Name Wava Mikel
15. Birthplace Va

16 (a) Informant Dale Sexton
(b) Address Belair Md

17 (a) Removal (b) Date thereof 4/25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Rugby Va

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 25 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/42 1942, at 3.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1942, to 4/25 1942, and that I last saw her alive on 4/25 1942.

Immediate cause of death Surgical Shock post-operative
Duration 3 hours

Due to Acute intussusception of ileum with incarcerated ileum & gangrene of bowel
Duration 10 hours

Due to
Duration

Other Conditions Anemia secondary & intussusception (Already given above)
Duration 10 hrs ?
(Include pregnancy within 3 months of death)

Date of operation 4/25/42

Major findings of operation: Intussusception of ileum with perforating ulcer & gangrene

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julius Gelber M. D.
Address Sinai Hospital Date signed 4/25/42

PLEASE WRITE correct age is especially important. Physicians: please write the

F 91584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 91584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 O'Donnell St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES M. OWENS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Seperated

6 (b) Name of husband or wife Theo. Owens.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 3 - 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
61	8	17		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James E. Ayers.
13. Birthplace Md

MOTHER
14. Maiden Name Anna Benson
15. Birthplace Md

16 (a) Informant Mrs. Carrie L. Davis
(b) Address 3418 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo. K. Bleyer Sr
(b) Address 1512 Collins St

19 (a) — (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 42 at 10 AM PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobar right — Duration
Due to Cirrhosis of liver
Due to atrophic alcoholic
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 4-21-42

Please write plainly. Physicians: please write the cause of death so that correct age is especially important.

VS 6

F 91583

BALTIMORE CITY HEALTH DEPARTMENT V

CERTIFICATE OF DEATH 46-B

F 91583 **Registered No.**

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5422 Denmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5422 Denmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS REDDICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sadie Reddick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1875

8. AGE: Years 46 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Birmingham, Alabama (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Sadie Reddick

(b) Address 5422 Denmore ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) (Signature) (b) Huntington Williams, M.D. (Address)

APR 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 42 at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of stomach — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation Yes - unknown

Major findings of operation: No abnormal

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Williams M.D. (Medical Examiner)

Date signed 4-24-42

Physicians: please write the cause of death in such terms as will indicate clearly the underlying cause and the secondary or contributory causes. Indefinite terms, such as heart failure, should be avoided. Be sure that the correct age is especially important. Physicians: please write the cause of death in such terms as will indicate clearly the underlying cause and the secondary or contributory causes. Indefinite terms, such as heart failure, should be avoided. Be sure that the correct age is especially important.

AB-73383

F 91586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122 B

F 91586 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Loboard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Alzay Loboard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1922

8. AGE: Years 20 | Months 11 | Days 3 | If less than one day hr. min.

19 20 0 19

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Paul Johnson

13. Birthplace N.C.

MOTHER 14. Maiden Name Sallie Harris

15. Birthplace N.C.

16 (a) Informant

(b) Address B C H Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a-a. County

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 (a) APR 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

VS 8

PLEASE WRITE PLAINLY. Physicians: please write correct age in especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942, at 9:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1942, to 4-22 1942, and that I last saw h alive on 4-22 1942.

Immediate cause of death

Due to Bacillis infection of abdominal wall

Due to Intestinal Obstruction due to adhesions

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-20-42

Major findings of operations: Intestinal obstruction

of autopsy:

Duration
2 days
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Holt M.D.

Address Balto City Hosp Date signed 4-24-42

F 91587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 91587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Shields alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Shields alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Barksdale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	D

6 (b) Name of husband or wife Molley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
64 65	6			

9. Birthplace Halifax Va. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name Gilley Barksdale
13. Birthplace Va

MOTHER 14. Maiden Name Chaney Chambers
15. Birthplace Va

16 (a) informant Elijah Barksdale
(b) Address 2434 W. Biddle St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-25-42 (month) (day) (year)
(c) Cemetery or crematory Halifax Va.
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) APR 25 1942 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1942, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vas Renal	
Uremia	
Due to	
Other Conditions Edema of legs & lungs.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 4-23-42

VS 6

Please write correct age is especially important. Physicians: please write

91588 E.H.Tonolla. BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 91588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Boone Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Boone Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE NEEDHAM LEWIS, SR.

3 (b) If veteran, name war -----

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen G. Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26th, 1862

8. AGE: Years	Months	Days	If less than one day
79	9	28 27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Georgenia Hunter
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs/ H.G.Lewis
(b) Address 2108 Boone Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory ~~London~~ London Park
Location Greenmount Ave 5/27/42

18 (a) Funeral director J.Liston Wiedefeld
(b) Address 1901 E. 22nd Street.

19 (a) APR 25 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Age is especially important.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd, 1942, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to Apr 23 1942 and that I last saw h alive on Apr 22 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to arteriosclerosis

Due to

Other Conditions Cardio Vas Renal and Diabetes Mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Howard Tonolla
Address 817 Park Ave Date signed 4/25/42

91589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

Registered No. E 91589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Kentucky Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Herr

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Katherine Herr

6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1869

8. AGE: Years 72 | Months 7 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Funeral Director

11. Industry or business Funeral

FATHER 12. Name Francis Herr

13. Birthplace Balto.

MOTHER 14. Maiden Name Eliza Meimeyer

15. Birthplace Balto.

16 (a) Informant J. Roland Herr

(b) Address 2212 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 27 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director Philip Herring Sons

(b) Address 2124 Orleans St

19 (a) APR 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/42 19 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from May V 1941, to 4/24 1942 and that I last saw him alive on 4/23 1942.

Immediate cause of death (Apoplexy May 2/41)

Due to Arteriosclerosis - Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Wheeler M. D.

Address 1709 York Rd Date signed 4/27/42

PLEASE WRITE plainly. Use ink. Be sure to answer correctly every question. Please give information as correct age is especially important. Physicians: please write the cause of death clearly.

VS 8

F 91590 BALTIMORE CITY HEALTH DEPARTMENT 108 F 91590

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 612 E. Pratt ST. Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawson G. Sterling

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SARAH DIZE

6 (c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): SEPT. 20 1913

8. AGE: Years: 28 | Months: 6 | Days: 5 | If less than one day: hr. min.

9. Birthplace: CRISFIELD MD. (Town, county, and state)

10. Usual Occupation: WELDER

11. Industry or business: FAIRFIELD SHIP YARD

FATHER
12. Name: HERMAN L. STERLING
13. Birthplace: CRISFIELD MD.

MOTHER
14. Maiden Name: MARGARET LEWIS
15. Birthplace: CRISFIELD MD.

16 (a) Informant: MRS. SUE WILSON
(b) Address: CRISFIELD MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 27/42 (month) (day) (year)
(c) Cemetery or crematory CRISFIELD CEM.
Location CRISFIELD MD.

18 (a) Funeral director: John A. Bradshaw
(b) Address: CRISFIELD MD.

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

APR 28 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 12 AM 46

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry and inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D. (Medical Examiner.)

Date signed April 25 1942

414682 F 91591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 91591 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E 23 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phyliss Corley (CAULEY)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Jeff
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): 1892
8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.
9. Birthplace: S.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: ISAAC JAMES
13. Birthplace: S.C.

MOTHER
14. Maiden Name: AMANDA
15. Birthplace: S.C.

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 26 42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location: Anne Arundel County, Md
18 (a) Funeral director: Williams & Jackson
(b) Address: 916 Pennsa. ave
19 APR 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APR 23 1942, at 10'17 P M
21. I certify that death occurred on the date above stated; that I attended deceased from APR 17 1942 to APR 23 1942, and that I last saw her alive on APR 23 1942.

	Duration
Immediate cause of death: Cerebral embolism	
Due to: Operative ligation of abdominal aorta	2 days
Due to: Aortic aneurysm (arteriosclerotic)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 4-22-42
Major findings of operation: abdom. aortic aneurysm
of autopsy: M. H. H.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Frances M Rawdon M. D.
Address: Johns Hopkins Hospital Date signed 4-24-42

PLEASE WRITE CLEARLY. Physician, please write correct age in years, month, day, hour, and minute. Physician's name is especially important.

VS 2

F 91592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 D Registered No. F 91592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d.
(e) Length of stay in Baltimore (yrs., mos., or days) nine

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Kingsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Mazepa or Mazor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Louis Mazepa

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) ? 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name D. Matrosch
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Louis Mazepa
(b) Address Kingsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Strehlinger Jr
(b) Address 423 S. Paca St.

19 (a) [illegible] (b) [illegible]
(Date received by Registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-1942, to 4-24-1942 and that I last saw h ER alive on 4-24-42

Immediate cause of death Acute Peritonitis

Due to Bursting Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Approx 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas E. Prentiss M.D.
Address Church Home & Inf. Date signed 4-24-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly

F 91593

F 91593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No.

X.S. (73479)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N. Green Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Sinclair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Sinclair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1899

8. AGE: Years	Months	Days	If less than one day
42	9	10	hr. min.

9. Birthplace New Hampshire (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Charles A. Sinclair
13. Birthplace New Hampshire

MOTHER
14. Maiden Name Amy J. Hodgedon
15. Birthplace New Hampshire

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28 '42 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace Md.

19 (Date rec'd by registrar) APR 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1942, at 9:57 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1942 to 4/24 1942 and that I last saw him alive on 4/24 1942

Immediate cause of death CARDIAC FAILURE

Due to RHEUMATIC HT DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mathue M. D.
Address Balt City Hosp Date signed 4/27/42

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

VS 3

F 91591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-N Registered No. F 91594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Mary Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Zenette Walter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Warren
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 13 1871

8. AGE: Years	Months	Days	If less than one day
60	7	12	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation: at
11. Industry or business

FATHER
12. Name Albert Halfpenny
13. Birthplace ?

MOTHER
14. Maiden Name Margaret Kirby
15. Birthplace Talbot Co Md

16 (a) Informant Warren Walter
(b) Address 3610 Mary Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 27 42 (month) (day) (year)
(c) Cemetery or crematory Ft Marys Gen
Location Arbutus Md

18 (a) Funeral director Tassaker Funeral Home
(b) Address 7401 Belair Rd

APR 26 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1942, to April 25 1942, and that I last saw her alive on April 25 1942

Immediate cause of death	Duration
Acute Myocardial failure	
Due to Hypertensive Cardiovascular renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp Date signed 4/25/42

VS 8

Please write plainly. Physician's correct age is especially important.

F 91595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Springhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Springhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MORRIS RAFFEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-4612

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business

FATHER
12. Name Israel
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4-26-42 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Lane

18 (a) Funeral director Jack Young Inc
(b) Address 1429 E. Balto St

19 (a) (Signature of registrar) (b) Registrar

APR 26 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-42 19 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26th 1935 to April 24 1942 and that I last saw him alive on April 24th 1942.

Immediate cause of death Coronary Occlusion — Duration

Due to arteriosclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morris G. Fine M. D.
Address 11 Arquith St Date signed April 25 1942.

PLEASE WRITE CLEARLY. Physicians: please correct age is especially important.

F 91596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No.

F 91596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland St.
(c) Hospital or institution: Sinai Hosp of Balt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Badner (BADNER)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
85				

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sol Badner
13. Birthplace Austria

MOTHER 14. Maiden Name Not Known
15. Birthplace Austria

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Dorsett St

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St.

19 (a) APR 26 1942 Registrar
Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-42 19 at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 '42 19 to Apr 24 1942, and that I last saw him alive on Apr 24 19 42.

Immediate cause of death Coronary Thrombosis

Due to Generalized arteriosclerosis

Due to

Other Conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. Sherman M. D.
Address Date signed

Please write plainly. Physicians: please correct age is especially important.

F 91597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland Av.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Burnitow Av 2717 (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Sadie Poloikoff (POLOKOFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Wilkens + Hamilton Ave

18 (a) Funeral director Jack Lang Inc.
(b) Address 1439 E. Baltimore

19 (a) [illegible] (b) APR 26 1942 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 25 1942, and that I last saw her alive on April 21 1942.

Immediate cause of death	Duration
Myocardial Failure	
Due to Coronary Occlusion	
Due to Arteriosclerosis	
Other Conditions Bronchio Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Toland Cohen, M.D.
Address Sinai Hosp. Date signed 4/25/42

Please write plainly. Physician, please state correct age is especially important.

F 91598 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Harry Jacobs Also Known as Harry Irwin Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5879

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. Harry Jacobs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1893

8. AGE: Years 49 50 | Months 1 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Mr. Maurice Jacobs
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Stein
15. Birthplace Germany

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. & Conkling Sts.

18 (a) Funeral director Jack Levin Inc
(b) Address 1,438 E. Balto St.

19 (a) APR 26 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1942 to Apr. 24 1942 and that I last saw h[illegible] alive on Apr. 24 1942

Immediate cause of death Respiratory failure — Duration

Due to Cerebral Hemorrhage

Due to Hypertensive cardio-vascular disease.

Other Conditions Pneumonia. over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/27/42

Huntington Williams, MD

VS 8

PLEASE WRITE PLAINLY. Physicians: please write correct age in especially important.

F 91599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 91599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 N. Gay Street.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mary Kober (Birth F-37114)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1941

8. AGE: Years	Months	Days	If less than one day
	6	9	hr. min.

9. Birthplace Baltimore, (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Francis Kober
13. Birthplace Baltimore

MOTHER
14. Maiden Name Flading
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 820 N. Gay St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Pa

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.,

19 (a) (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

APR 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18- 1942 to 4-24 1942 and that I last saw h alive on 4-24 1942

Immediate cause of death Lobar Pneumonia — Duration 5 6 da
Due to Both Lungs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas N. Magruder M. D.
Address 4 E Read St Date signed 4/24/42

PLEASE WRITE correct age is especially important. Physicians: please write

F 91600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 91600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33-W Preston St -
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33-W. Preston St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Flora Estelle Henderson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John D. Henderson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Nov-14-1869
8. AGE: Years 82 | Months 5 | Days 11 | If less than one day: hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Edw. Misler
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Virginia

16 (a) Informant Mrs H.O. Lankford (niece)
(b) Address 403 Edgevale Road.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. Ft. Wooster Sub.) 100 W. North Avenue
19 (a) Registrar by Huntington Williams, M.D.
(b) Date received APR 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to Apr 25 1942 and that I last saw h[illegible] alive on Apr 25 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days
Due to: age
Due to: Fractured Left Femur Fall Jan 4. 1942
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 4 at 3 P M
(c) Where did injury occur? Her bedroom (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury: Fall on floor in her bedroom

23. Signature H. N. Pearce M. D.
Address 2056 Eutaw Pl Date signed Apr 26

Howard J. Anderson Jr. M.D.

PLEASE WRITE PLAINLY. Physicians: please write the correct age in especially important.

F 91601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91601 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4202 Bayonne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Bayonne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecilia D. Simpson

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Alfred J. Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1857

8. AGE: Years	Months	Days	If less than one day
85	3	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name (Unknown) Johnston
13. Birthplace England

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace England

16 (a) Informant Helen W. Hornby
(b) Address 4202 Bayonne Ave

17 (a) Burial, ~~Cremation~~ (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Date received by Registrar) APR 26 1942 Huntington Hollins, Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1942 to April 24 1942 and that I last saw him alive on April 24 1942

Immediate cause of death: Cerebral apoplexy

Due to: Arteriosclerotic cardiovascular disease

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. T. Bartlett M. D.
Address 5824 Belair Rd Date signed April 25/1942

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 91602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 91602 Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Edgar Glover

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 217-07-2765

4. Sex M | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ wife Frieda Glover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 16th 1886

8. AGE: Years	Months	Days	If less than one day
56	1	8	hr. min.

9. Birthplace Dorchester Co. Md. (town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business General Construction Co

FATHER
12. Name Joseph E. Glover
13. Birthplace N.Y.

MOTHER
14. Maiden Name Ellen Gray
15. Birthplace Dorchester Co. Md.

16 (a) Informant Frieda Glover
(b) Address 2006 Barclay St

17 (a) Buried (Burial, ~~cremation, removal~~) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director Wilhelm Cook
(b) Address 127 St. Paul St

19 (a) APR 26 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1938 to April 24 1942 and that I last saw him alive on April 22 1942.

Immediate cause of death	Duration
Coronary disease	?
Due to Arteriosclerosis	
Due to	
Other Conditions Cerebral damage due to cerebral peduncle hemorrhage (Including surgical operations and death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Hilimfield M.D.
Address 714 E. Preston Date signed 4/26/42

PLEASE WRITE correct age is especially important. Physicians please write

F 91603

F 91603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew R. Deal

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	016	Male	White	Married

6 (b) Name of ~~husband~~ wife Irma Deal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)	8. AGE: Years	Months	Days	If less than one day
Oct 28th 1882	59	5	26	hr. min.

9. Birthplace Balto Md.
(Town, county and state)
10. Usual Occupation Plumbing
11. Industry or business Construction

FATHER
12. Name Wm R. Deal
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Annie Barnard
15. Birthplace Balto. Md.

16 (a) Informant Irma R. Deal
(b) Address 1704 Greenmount Ave

17 (a) Burial (Burial, ~~Cremation or removal~~) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) APR 26 1942 (Date received by Registrar) Registrar

Please write plainly. Physicians: please write the correct age is especially important.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 2:30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Apl. 10. 1942 to Apl 24 1942
and that I last saw ~~him~~ her alive on Apl 23. 1942.

Immediate cause of death Chronic Myocarditis — Duration 6 Mo.
Due to Dilatation — Duration four hrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Hurst Clyde M. D.
Address Md Auto Bldg Date signed

Arlington Williams M.D.

F 91604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 2341 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife ? dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ? 1890

8. AGE: Years	Months	Days	If less than one day
51	7 4	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Cully
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Stubbs
15. Birthplace Virginia

16 (a) Informant Mrs. Catherine Wright
(b) Address 2341 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lee M. Holland
(b) Address 1631 Pennsylvania Ave. Huntington Woods

19 (a) APR 20 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-42 19 at 1:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1942 to 4-23 1942 and that I last saw h[illegible] alive on 4-23- 1942.

Immediate cause of death — Duration

Due to Uremia — ?
Due to Chronic pyelonephritis — ?
Due to — —
Other Conditions Hypertensive cardio vascular disease — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. S. Cross M. D.
Address Balt City Hosp Date signed 4-24-42

Please answer all questions. Physicians: please write correct age is especially important.

F 91605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91605 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 833 N Freemont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Virginia Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-20-80

8. AGE: Years	Months	Days	If less than one day
61	7	4	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Bailey

13. Birthplace VA

MOTHER

14. Maiden Name Cecelia

15. Birthplace VA

16 (a) Informant William Scott

(b) Address 833 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md

18 (a) Funeral director Mrs. Lee. H. Holland

(b) Address 163 Druid Hill Ave

19 (a) APR 26 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1942, at 1205 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1942 to Apr 24 1942, and that I last saw her alive on Apr 24 1942.

Immediate cause of death	Duration
Hypertensive cardio-vascular disease & cerebral vascular accident	1 day
Due to	
Due to	
Other Conditions Cardiac dilitation, hypertrophy & failure (Include pregnancy within 3 months of death)	6 weeks

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hospital Date signed 4/27/42

Please write plainly. Physician: please write the correct age in especially important.

F 91606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131-B

Registered No. F 91606

Howard

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Agnes Hospital Wilkens Ave
(b) Street address Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Edmonds Co~~ Baltimore
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Westchester Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) FULL NAME Mr. Harry M. Blum

3 (b) If veteran, name war Yes. | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

(b) Name of husband or wife Christine, 6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 26 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	7	27		

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Mr. Harry Blum
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Stoltzfoot
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore
18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) Date received APR 28 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 23 1942 and that I last saw h/ Mr alive on April 23 1942

Immediate cause of death Uremia — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Luther Lankford M.D.
Address St Agnes Hosp. Date signed 4/23/42

PLEASE WRITE CLEARLY. Physicians' prompt attention to this certificate is especially important. Please see that every item is correctly answered. Do not use abbreviations. Be sure that age is correctly stated.

F 91607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91607

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5208 Overcrest Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Overcrest Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Finsted Thompsen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Sigvert Thompsen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	9	hr. min.

9. Birthplace Norway
(Town, county, and state)
10. Usual Occupation No
11. Industry or business

FATHER
12. Name Mr. Finstad
13. Birthplace Norway

MOTHER
14. Maiden Name Unknown
15. Birthplace Norway

16 (a) Informant Mr. Robert Emmet Thompsen
(b) Address 5208 Overcrest Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Forest Home Cemetery
Location Oak Park, Ill.

18 (a) Funeral director Phillips Lamoreaux
(b) Address 1005 W. Baltimore St.

APR 26 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at 3.22P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1942 to 4/25 1942
and that I last saw h 2r alive on 4/25 1942

Immediate cause of death Arteriosclerotic Paralysis
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Duration
1

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph L. Blum
Address 2427 Eutaw Place Date signed 4/26/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death carefully and correct age is especially important.

VS 3

F 91608 F 91608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 N Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 N Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tillie Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-8065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Harry Becker
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant Harry Goodman
(b) Address 1524 N Bond St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/26/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemtry
Location 3600 Block E Balto St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (b) Registered by registrar Huntington Williams M.D. (Signature of registrar)

APR 26 1942

PLEASE WRITE PLAINLY. Physicians: please write carefully. Be sure to give correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1942, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941 to April 26 1942
and that I last saw him alive on April 26 1942

Immediate cause of death Carcinoma ovum — Duration 1941-42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wesley Cohen M.D.
Address 102 E Fayette Date signed 4/27/42

F 91609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or county. Do not use ditto marks. Be sure to answer all questions, and correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Piedmont Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Piedmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Reindollar Douglas

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
---	-None	Female	White	Widowed

6 (b) Name of husband or wife Joseph Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1880

8. AGE: Years	Months	Days	If less than one day
62	1	6	hr. min.

9. Birthplace Taneytown, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Samuel E. Reindollar
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret J. Landers
15. Birthplace Md.

16 (a) Informant Mrs. Wm. D. Zimmerman
(b) Address 30 E. Patrick St. Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Taneytown, Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 (Signature of registrar) Hunting for Nellie M.D. Registrar
APR 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1942, at 8.00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to April 25 1942 and that I last saw h[illegible] alive on April 25 1942.

Immediate cause of death Coronary Thrombosis — Duration
Due to Coronary Arteriosclerosis
Due to Generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Byerly M. D.
Address 3045 W. North Ave. Date signed 4/25/42

V8 8

F 91610 BALTIMORE CITY HEALTH DEPARTMENT F 91610

CERTIFICATE OF DEATH 193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 S. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Kerr

3 (b) If veteran, name war ***
3 (c) Social Security Account No. ***

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ John M. Kerr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4. 1877

8. AGE: Years	Months	Days	If less than one day
64	6	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name William Holt
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Gallagher
15. Birthplace Ireland

16 (a) Informant Mr. John M. Kerr
(b) Address 1000 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) APR 26 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1942 to Apr 23 1942, and that I last saw h[illegible] alive on Apr 22 1942.

Immediate cause of death Arteriosclerotic Hypertension C V Disease Coronary Thrombosis — Duration 4-15-42 to 4-23-42

Due to Complete Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E A Schumacher M. D.
Address 842 S Eut Ave Date signed 4-25-42

PLEASE WRITE ... correct age is especially important. Physicians: please write the ...

VS 3

F 91611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

Registered No. F 91611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St - Linden Ave
(c) Hospital or institution: Maryland Gen'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto -
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4327 York Rd - (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kramer

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29 - 1870

8. AGE: Years 71 | Months 6 | Days 25 | If less than one day: hr. min.

9. Birthplace Md (City or county, and state)
10. Usual Occupation Retired for 15 yrs
11. Industry or business

FATHER
12. Name George Kramer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Hepner
15. Birthplace Germany

16 (a) Informant Adolph Kramer
(b) Address 4327 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Govans Rd. - Balto Co.

18 (a) Funeral director Jno. J. Morgan
(b) Address 3006 E Baltimore St

19 (a) (b) Huntington Williams, M.D.
(Date received by Registrar) APR 28 1942
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1942 at 6:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1942 to 4-27 1942 and that I last saw him alive on 4-23 1942

Immediate cause of death: Coronary Occlusion,
Due to: -
Due to: Adeno myoma of prostate
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: adeno myoma of prostate -
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature R J Coffman M. D.
Address Md. General Hosp Date signed 4/24/42

Please answer all questions. Physician: please correct age is especially important.

F 31612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH VI 31-A

Registered No. F 31612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Baulden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta L. Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter H. Young.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 1, 1889

8. AGE: Years	Months	Days	If less than one day
53	-	20	hr. min.

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business —

FATHER
12. Name Jacob Beil
13. Birthplace Germany.

MOTHER
14. Maiden Name Annie Bowers
15. Birthplace Germany.

16 (a) Informant Walter H. Young Jr.
(b) Address 620 N. Baulden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 42 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Eastern Ave

18 (a) Funeral director S. Walter Gray.
(b) Address 619 N. Baulden Ave.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.
APR 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1942, to April 25 1942, and that I last saw her alive on April 25 1942.

Immediate cause of death	Duration
Uremia	
Due to Hypertensive Cardio-vascular Disease	
Due to Chronic Glomerulonephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Chronic Glomerulonephritis & Hy. Heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Cohen
Address Sinai Hosp. Date signed 4/25/42 M.D.

Please write correct age is especially important. Physicians, please

4!4975
F 91613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54-B

F 91613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA (b) County
(c) City or town DUQUESNE (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 CRAWFORD AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Novak
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-23-25

8. AGE: Years	Months	Days	If less than one day
17	0	3	hr. min.

9. Birthplace PENNA (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name NICK NOVAK
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name ANNE MAGDIC
15. Birthplace PENNA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Location McKeesport Pa

18 (a) Funeral director Wm. J. Ficknar & Son
(b) Address North & Penna Ave.

19 APR 26 1942 (Date received by Registrar) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1942 at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1942 to Apr 26 1942 and that I last saw h[illegible] alive on Apr 26 1942.

Immediate cause of death: Edema of the brain — Duration: [illegible]
Due to Craniotomy — Duration: [illegible]
Due to Brain tumor — Duration: one
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4-24-42
Major findings of operations: Tumor of R temporal lobe
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Thorman M.D.
Address Johns Hopkins Hosp Date signed 4-26-42 M. D.

VS 3

F 21614 415016 F 21614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7808 Oakdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Rittenhouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harold Rittenhouse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/28/15

8. AGE: Years 26 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Lau
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Clapp
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory
Location Burke Co. West Pembroke Pa

18 (a) Funeral director William J. Auburn
(b) Address North & Pat Aves

APR 26 1942 (Date received by Registrar) (b) Evington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 9.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942 to April 26 1942 and that I last saw her alive on April 25 1942

Immediate cause of death: Meningococcemia & meningitis — Duration: 5 days

Due to: meningococcus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Meningococcus meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack

Address J.H.H.D. Date signed 4-26-42

Please write clearly. Physicians: please write the cause of death correct age is especially important.

VS 3

F 91615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 83-D

F 91615
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4316 Groveland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4316 Groveland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

28

3 (a) FULL NAME Annie E Kelly

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	[illegible]	Female	White	Married

6 (b) Name of husband or wife Leo J Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1886

8. AGE: Years	Months	Days	If less than one day
56	1	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Kost
13. Birthplace Balt Md

MOTHER
14. Maiden Name Eveline Ankrim
15. Birthplace Germany

16 (a) Informant Leo J Kelly
(b) Address 4316 Groveland Ave
17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 847 St. Paul St
19 APR 27 1942 (Date filed by registrar) (Signature of registrar) for William Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1942 at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to April 1942 and that I last saw h[illegible] alive on April 1 1942

Immediate cause of death — Duration

Pulmonary Edema — 1 hr
Due to Cerebral Embolus — 2 hr
Due to Hypertension
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J J Kelly
Address 47 N Liberty St Date signed 4/26/42 M. D.

VS 3

Please write plainly; correct age is especially important. Physician: please write the

F 91616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 91616 Registered No.

1. PLACE OF DEATH: Alic R
(a) Baltimore City, Maryland
(b) Street address 1030 Stockton Street
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 Stockton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Richfield.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Leon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 1904

8. AGE: Years 38 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER 12. Name Lodge Carter
13. Birthplace Va

MOTHER 14. Maiden Name Mary Gray
15. Birthplace Va

16 (a) Informant Leon Richfield
(b) Address 1030 Stockton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A P O Md

18 (a) Funeral director Josiah L Brannon
(b) Address 1010 Monday Baltimore Md

19 (a) (b) (Signature of registrar) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 4-23 1942 and that I last saw h alive on 4-23 1942

Immediate cause of death: Post op. C-V failure (shock)
Due to: Lymph. granuloma ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 2 — 1 — prn

Date of operation 4-21-42
Major findings of operations: Rectal Stricture, P.I. Abscess and Fistula
Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. L. Arnold M. D.
Address Univ. Hosp Date signed 4-24-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

F 91617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 91617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REBECCA FIELDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperate

6 (b) Name of husband or wife Johnie Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894 5/16/94

8. AGE: Years	Months	Days	If less than one day
47	11	7	hr. min.

9. Birthplace Long Green, Hartford Co (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business —

FATHER
12. Name Alexandria Hall
13. Birthplace Hartford Co, Md

MOTHER
14. Maiden Name Katherine Wells
15. Birthplace Hartford Co Md

16 (a) Informant Emma Jenkins
(b) Address 803 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4, 27, 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co, Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 APR 27 1942 (Date filed by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942, at 6 3-0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1942 to April 23 1942, and that I last saw h[illegible] alive on April 23 1942.

Immediate cause of death Carcinoma of the Breast with metastases.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos Stupik M. D.
Address St Josephs Hosp Date signed 4/23/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

VS 3

AB-73305

F 91618 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 N

F 91618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Helen) Haduch FELIKSA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Adolph Haduch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1893

8. AGE: Years 48 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ignatious Popiolek(D)
13. Birthplace Poland

MOTHER
14. Maiden Name Francis Blaszczak
15. Birthplace Poland

16 (a) Informant
(b) Address B C H Records

17 (a) Burial (Burial, cremation, or removal) (b) Date of [illegible] 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Dzagrewski
(b) Address 1930 Eastern Ave

19 (a) APR 27 1942 Huntington Williams M.D.
(b) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1942 at 7 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1942 to 4-25 1942 and that I last saw her alive on 4-22 1942

Immediate cause of death Acute hepatitis — Duration 1/2 week
Due to ? alcohol — ?
Due to
Other Conditions Cirrhosis of liver — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-25-42

Please write plainly and correct age is especially important. Physicians: please write the cause of death in terms which will be understood by the laymen.

VS 3

F 91619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 91619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Pennsa Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 1906 Pennsa Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie B. Chard

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	married

6 (b) Name of husband or wife John C. Chard
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) April-6-1883

8. AGE: Years	Months	Days	If less than one day
59	0	18	hr. min.

9. Birthplace Millville - N. J.
(Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business At Home.

FATHER
12. Name Joseph Moore
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucie Donnelly.
15. Birthplace Unknown

16 (a) Informant John C. Chard.
(b) Address 1906 Pennsa Ave.

17 (a) Burial. (b) Date thereof April 27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

APR 27 1942 Huntington Williams M.D.
(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive Cardio-Vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 25 1942

Please write plainly. Physicians: please write the cause of death in such terms as will indicate the correct age is especially important.

VS 6

F 91620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91620 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da
(e) Length of stay in Baltimore (yrs., mos., or days) 33 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Ocean City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Linwood Clifton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Clifton
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1869

8. AGE: Years	Months	Days	If less than one day
72	7	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Steamboat
11. Industry or business Officer

FATHER
12. Name Alexander Clifton
13. Birthplace Maryland

MOTHER
14. Maiden Name Willis
15. Birthplace Maryland

16 (a) Informant Minnie Clifton
(b) Address Ocean City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 APR 27 1942 Huntington Williams M.D.
(Date filed by Registrar) (Signature of Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/42 19 , at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23/42 19 to 4/25/42 19 , and that I last saw h[illegible]alive on 4/24/42 .

Immediate cause of death Pulmonary congestion — Duration 5 hr.
Due to Arteriosclerotic Ht. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence , at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Ritchey M. D.
Address Church Home & Infirmary Date signed 4/25/42

F 91621 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1948

F 91621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 2802 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMY ESTHER GRATTAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~of wife~~ Harry Grattan, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1871

8. AGE: Years	Months	Days	If less than one day
70 71	5	1	hr. min.

9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Freeman
13. Birthplace New York, N. Y.

MOTHER
14. Maiden Name Sumner
15. Birthplace New York, N. Y.

16 (a) Informant Mr. Harry Gratton
(b) Address 2802 Chelsea Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

APR 27 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942, to April 25 1942 and that I last saw her alive on April 25 1942.

Immediate cause of death Angina Pectoris — Duration 6 hrs.
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W. Warren M. D.
Address 7654 Garrison Blvd Date signed 4/25/42

Please write clearly. Physicians: please write correct age in especially important.

F 91082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 61

Registered No. F 91622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 S. Kresson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 23 S. Kresson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Nosek

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles R. Nosek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15. 1880

8. AGE: Years	Months	Days	If less than one day
61	11	10 5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Michael Kelly.
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Moran
15. Birthplace Ireland

16 (a) Informant Mrs. V. Stickles
(b) Address 23 S Kresson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2006 Harlem

19 (a) APR 27 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 25 - 1942, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereof and from the evidence obtained by said Autopsy - Inquiry have that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular Disease — Duration

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moseley M.D. Medical Examiner.

Date signed 4-25-42

PLEASE WRITE plainly. Physicians: please write the cause of death in such terms that the correct age is especially important.

F 91623 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Dunbrin Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Adams

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1938

8. AGE: Years	Months	Days	If less than one day
3	8	7	hr. min.

9. Birthplace Dundalk Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Horace Adams
13. Birthplace Johnstown Pa

MOTHER 14. Maiden Name Margaret Hackett
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27th (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Bengal

18 (a) Funeral director John Ellis
(b) Address 900 E. Lafayette St

19 (d) APR 27 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942 at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942 to Apr 24 1942 and that I last saw h[illegible] alive on Apr 24 1942

Immediate cause of death	Duration
Septicemia probably streptococcus (no necropsy)	24 hrs.
Due to adrenal hemorrhage (bilateral)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy P Clark M.D.
Address J. H. H. Date signed April 24-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death in terms of disease and correct age is especially important.

VS 3

F 91624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Rural - Belair Rd. (If outside city or town limits, write RURAL and give town)
Street No. 438 S. Main St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS REISER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years 58 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Israel
13. Birthplace Poland

MOTHER
14. Maiden Name Yenta
15. Birthplace Poland

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Road & Bowleys Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1432 E. Baltimore St

19 (a) APR 27 1942 (b) Huntington Williams, M.D. Registrar
Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to April 26 1942 and that I last saw h alive on April 26 1942

Immediate cause of death Cerebral Hemorrhage — Duration 24 hours.
Due to Arteriosclerosis — 10 yrs
Due to Arteriosclerotic Heart Disease — 4 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ——
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2432 Monument St Date signed 4/26/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will indicate correct age is especially important.

F 91625 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

94-W F 91625

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 N. Broadway St., 7-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Joseph J. Abrahams

If U. S. Veteran specify WAR ___

(a) Residence: No. 939 N. Broadway St., ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year) ___ 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor (Self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Sarah Abraham Abrahams

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Abrahams
(Address) 939 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 4-7-42, 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1342 E. Balto. St.

20. FILED APR 27 1942 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/ 1942

22. I HEREBY CERTIFY, That I attended deceased from 4/30/40, 19___, to 4/26/42, 1942

I last saw him alive on 4/26/42, 19___. Death is said to have occurred on the date stated above, at 10:20 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/26/42
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of ___

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ___

(Signed) Benj. B. Mears M. D.

(Address) 448 N. Linwood Ave.

For instructions see reverse side. Please write plainly in ink, using unabbreviated terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 91626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C

Registration No. F 91626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Born
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (or outside city or town limits, write RURAL and name town)
(d) Street No. 1936 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Herman Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-9513

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mildred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1907

8. AGE: Years 35 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Buyer

11. Industry or business

FATHER
12. Name: Joseph
13. Birthplace: Russia

MOTHER
14. Maiden Name: Yetta
15. Birthplace: Russia

16 (a) Informant: Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Philadelphia Rd & Rossville Ave

18 (a) Funeral director: Jos. Sam Lahr
(b) Address: 1439 E. Baltimore St

APR 27 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 10 P 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Rheumatic Endo-Myocarditis — Duration

Due to: Chronic

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Wm G Helbrecht M.D.
Medical Examiner.
Date signed 4/26/42

Please write clearly. Physicians: please write the cause of death correctly. Your correct age is especially important.

VS 6

F 91627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 91627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2807 Rockrose Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 Rockrose Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH ESTERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife REBECCA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JACOB ESTERSON
13. Birthplace RUSSIA

MOTHER
14. Maiden Name BERTHA
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnel St

18 (a) Funeral director Jack Laws Inc
(b) Address 6437 E. Balto St.

19 APR 27 1942 (Date rec'd by Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26 1942 at 4.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to April 26 1942 and that I last saw [illegible] alive on April 26 1942.

Immediate cause of death

	Duration
Chronic Myocarditis	12 yrs
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? at M (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1340 Chas Date signed 4-26-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to give correct age as especially important. Physicians: please write

F 91628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo14da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo.18da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Elbert Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

20-1

3 (a) FULL NAME EDWARD PAYNE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Viola Crockett
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 1887

8. AGE: Years	Months	Days	If less than one day
55	---	---	____ hr. ____ min.

9. Birthplace Tangier, Virginia (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business

FATHER
12. Name Thomas Payne
13. Birthplace Tangier, Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Reedville, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof abt 28/4/42 (month) (day) (year)
(c) Cemetery or crematory Tangier Isl.
Location Tangier Va.

18 (a) Funeral director John A. Bradshaw
(b) Address Crisfield Md.

19 APR 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1942 at 11:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 9, 1942 to April 26, 1942 and that I last saw h im alive on April 26, 1942

Immediate cause of death Congestive failure — Duration Unknown
Due to Myocardial degeneration — Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 4/27/42
Baltimore, Maryland.

VS 8

I certify that the above is a true and correct statement of the cause of death of the person named. Physicians: please write the cause of death in such a way that the correct age is especially important.

AB-73215

F 91629 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 91629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thaddeus Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1917

8. AGE: Years 24 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isiah Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Robinson
15. Birthplace Md.

16 (a) Informant
(b) Address B C H Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradley ave

APR 27 1942 Huntington Williams, M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20, 1942, to April 25 1942 and that I last saw her alive on April 25 1942.

Immediate cause of death: Metastatic Sarcoma — Duration 1 yr

Due to: Sarcoma of Breast

Due to:

Other Conditions: Preg mancy
C cesarean Section
(Include pregnancy within 3 months of death)

Date of operation 4/12/42

Major findings of operation: Premature living child

of autopsy: Sarcoma of Breast

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. E. Cordell Jr.

Address Balto. City Hospitals Date signed 4/26/42

Penalty for wilfully making any false statement in this certificate is especially important. Physicians: please write the cause of death clearly and correct age is especially important.

VS 1

91630 1

E.S. (72238)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91630 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
~~BALTIMORE CITY HOSPITALS~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1month 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 E. Monument Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cordelia Preston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Jerome Preston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1884

8. AGE: Years	Months	Days	If less than one day
54	1	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business Unemployed

FATHER
12. Name Jerome Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Wright.
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory
Location Bengies, Md.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave
(c) Washington Williams M.D.

APR 27 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1942 at 12 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1942 to 4-23 1942 and that I last saw h~~e~~r alive on 4-23 1942.

Immediate cause of death: Cardiac failure — Duration: Hrs.

Due to: Hypertensive C.V. disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun
Address Balto City Hosp Date signed 4-24-42 M.D.

VS 8

Please write the cause of death correctly. Age is especially important. Physicians: please

F 91631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

F 91631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 908 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Henry Lockman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife ? dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1895

8. AGE: Years	Months	Days	If less than one day
47	1	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Lockman
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Wilson
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Lee and Huntington Nelbourne Mgr

19 APR 27 1942 (Date rec'd by Local Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1942 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 4-23 1942, and that I last saw h[illegible] alive on 4-23 1942.

Immediate cause of death ? Bronchogenic carcinoma — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitan M. D.
Address Balto. City Hosp. Date signed 4-28-42

VS 3

Physicians: please write the causes of death clearly and correct age is especially important.

Dr. Louis F. Krumrein
732 N. Kenwood Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91632 | 131-A | Registered No. F 91632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Ann Wible

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Jan. 25-1858

8. AGE: Years	Months	Days	If less than one day
84	3	-	hr. ___ min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Out Home
11. Industry or business

FATHER
12. Name Sam Wible
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Elizabeth ?
15. Birthplace Balto Md.

16 (a) Informant George J. Wagner
(b) Address 2420 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director John C. Tilley Inc
(b) Address 2405 E. Oliver St
(c) (Date received by registrar) Huntington Williams M.D. Registrar

APR 27 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1942 to April 25 1942 and that I last saw h[illegible] alive on April 25 1942

	Duration
Immediate cause of death Uremia (3 days)	3 days
Chronic Nephritis -	
cancer - vesicular - renal diseases	5 yrs
Due to arteriosclerosis - 5 years -	
+ atrial (hypertension)	
Due to	
Other Conditions Chr. - Myocarditis -	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged, statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumrein M. D.
Address 732 N. Kenwood Ave Date signed April 26/42

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 81633 F 81633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use no abbreviations. Give full name of city or town. Write out the full name of the hospital or institution. Do not use initials or abbreviations. Give the usual residence of the deceased, not the location of the hospital or institution where he died. Do not report "Wife of" or "Widow of" but give the name and maiden surname of the deceased. Do not report "Mother of" but give the name and maiden surname of the mother. Do not report "Son of" or "Daughter of" but give the name of the father. Do not report "Husband of" but give the name of the husband. Do not report "Wife of" but give the name of the husband. Do not report "Widow of" but give the name of the husband. Do not report "Widower of" but give the name of the husband. Do not report "Widower of" but give the name of the husband. Do not report "Widow

F 91634 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91634 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Harlesden Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Meyers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/05

8. AGE: Years	Months	Days	If less than one day
16	11	16	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Meyers
13. Birthplace Md

MOTHER
14. Maiden Name Frances Pamuska
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1942 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director Leo D. Lesh
(b) Address 1701-03 N. Patterson Park Ave

19 (a) APR 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1942 to 19 .
and that I last saw him alive on April 26 1942

Immediate cause of death Meningococcal Meningitis — Duration 40 Hrs
Due to
Due to
Other Conditions Glycosuria
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 4/26/42

VS 3

Please write clearly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 91635

SS 32612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 North Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathan H. Oliver

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	22	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Belair Markets

FATHER
12. Name Nathan Oliver
13. Birthplace New York

MOTHER
14. Maiden Name Augusta Hughes
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location E. North Ave Cem

18 (a) Funeral director Leo G. Lasook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) APR 27 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1942, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1942 to 4-25 1942, and that I last saw h alive on 4-25 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: Day?

Due to Hypertensive C. V. disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Patterson M. D.
Address Balto. City Hosp Date signed 4-26-42

I certify that the above statements are true to the best of my knowledge and belief. Physicians: please write the cause of death carefully and correct age is especially important.

F 91636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 91636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Penna Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Penna Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Upton

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lucille

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1825

8. AGE: Years	Months	Days	If less than one day
66	10	28	hr. min.

9. Birthplace Thomasville, Ga. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name George Upton
13. Birthplace Georgia

MOTHER
14. Maiden Name Catherine Mosby
15. Birthplace Georgia

16 (a) Informant Mrs. Lucille Upton
(b) Address 1613 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Western Star Cem.
Location Catonsville, Md.

18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave.

APR 27 1942 (Registered by) (Year) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1942 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1942 to 4/23 1942 and that I last saw h/ alive on 4/23 1942

Immediate cause of death Carcinoma of Liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj Rhutte M. D.
Address 2134 Druid Hill Ave Undersigned 4/25/42

VS 3

Please write the cause of death very legibly. Physicians: please write the cause of death very legibly. correct age is especially important.

F 91637

E.S. (71927)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91637

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1621 Allison St. (ALICEANNA) (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country CHINA

3 (a) FULL NAME Charles Loo (CHARLES LEO) Leiu Kwong

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NO

4. Sex: Male

5. Color or race: Yellow White

6 (a) Single, married, widowed, or divorced: Single Married

6 (b) Name of husband or wife: Ching

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 24, 1874

8. AGE: Years 67 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace: China (Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business

FATHER

12. Name: La Shang

13. Birthplace: China

MOTHER

14. Maiden Name: ?

15. Birthplace: ?

16 (a) Informant: B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)

(c) Cemetery or crematory LORRAINE

Location WOODLAWN

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address 108 W. North Ave.

19 APR 27 1942 Irvington Williams, M.D. (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1942 at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1942 to 4-26 1942 and that I last saw him alive on 4-26 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Backman M. D.

Address Balt. City Hosp. Date signed 4-26-42

VS 3

Please write plainly. Physicians: please write the causes of death clearly and fully. Underlining the correct age is especially important.

F 91638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

Registered No. F 91638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2660 Harlem Ave.
(c) Hospital or institution Balto, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2660 Harlem Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Virginia Margaret Talley

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Wilfred Talley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	22	hr. min.

9. Birthplace Dayton, Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Dodson
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret (?) Taylor
15. Birthplace Virginia

16 (a) Informant Mrs. Eileen Murphy
(b) Address 2660 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md,

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 APR 27 1942 (Date rec'd by local reg.) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26/42 19 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to April 26 1942, and that I last saw h alive on April 26 1942

Immediate cause of death	Duration
Heart Failure	
Due to Hypertensive cardio-vascular Renal disease	10-15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Gutman, M.D.
Address 164 N. Washington St Date signed 4/26/42 M. D.

Please write very plainly. Physicians: please write the cause of death in such a way that correct age is especially important.

F 91639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91639 Registered No.

PLEASE WRITE PLAINLY. With UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Homewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Homewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Virginia Boyd

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Boyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1865

8. AGE: Years	Months	Days	If less than one day
77	-	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Sevier
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan Calman
15. Birthplace Maryland

16 (a) Informant Mrs. Marian Seibert
(b) Address 1112 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

APR 27 1942 (Date received by Registrar) Hunting-ton Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942, at 2.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1931 to Apr 24 1942 and that I last saw h[illegible] alive on Apr 23 1942

Immediate cause of death
Acute Cardiac failure
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 day
"
over
"
"
"

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M.D. M. D.
Address 506 E. North Ave. Date signed

F 91640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87-c

Registered No. F 91640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Geddis Nursing Home Cloverdale Rd. & Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Fredericksburg. (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ERNESTINE HIRSCH GOLDSMITH.

3 (b) If veteran, name war ----
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jos. M. Goldsmith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1884

8. AGE: Years	Months	Days	If less than one day
57	5	3	hr. min.

9. Birthplace Miss. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Herman Hirsch.
13. Birthplace Germany.

MOTHER
14. Maiden Name Bertha Levi.
15. Birthplace Germany.

16 (a) Informant Mrs. H. R. Greenebaum.
(b) Address 3804 Menlo Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Lowenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) APR 27 1942 Registrar's Office, Baltimore, Md. (b) Registrar Huntington Wilkinson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 26th. 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to April 26 1942, and that I last saw her alive on April 26 1942.

Immediate cause of death: Acute nephritis - uremia — Duration: 7 days
Due to
Due to
Other Conditions: Parenchymatous Disease Arteriosclerosis — 7 yrs.
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles I. Thompson M. D.
Address 1417 Eutaw Place Date signed 4/24/42

F 91641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employer must fill in items 1 to 17 and 22. Physician must fill in items 18 to 21 and 23. Be sure that the information given in each item is correct and complete as far as known. Underlining is necessary. Use no abbreviations except in addresses. Be sure that the cause of death is entered in such terms as to show clearly the disease, if any, which originated the fatal train of morbid events, and the primary cause of death. Indefinite or unsatisfactory terms, such as "heart failure," "exhaustion," "old age," "senility," "cancer," "tumor," "abscess," "septicemia," "pyemia," "uremia," "blood poisoning," "paralysis," "convulsions," "meningitis," "hemorrhage," "tuberculosis," "pneumonia," "bronchitis," "nephritis," "Bright's disease," "diabetes," "gangrene," "valvular disease," "hypertrophy," "dilatation," "fibrillation," "asthma," "hernia," "appendicitis," "cirrhosis," "jaundice," "colitis," "enteritis," "ulcer," "stomach trouble," "debility," "malnutrition," "marasmus," "premature birth," "childbirth," "miscarriage," "abortion," "sepsis," "septic infection," "shock," "hemorrhage," "coma," "congestion," "embolism," "thrombosis," "accident," "injury," "fracture," "drowning," "burns," "wounds," "homicide," "suicide," "found dead," "unknown," "unattended," "coroner's case," "pending," "not known," "not certified," "not diagnosed," "none," "no doctor," "no medicine," "natural causes," "supposed," "probably," "apparently," "presumably," "likely," "possibly," "perhaps," "probable," "supposed," "reported," "alleged," "said to be," "suspected," "unconfirmed," "unofficial," "unofficially reported," "unofficially reported as," "unofficially reported as having," "unofficially reported as having died," "unofficially reported as having died of," "unofficially reported as having died of the," "unofficially reported as having died of the following," "unofficially reported as having died of the following causes," "unofficially reported as having died of the following causes:" are not sufficient. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wk.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Woodbrook Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Dantzger

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1861

8. AGE: Years	Months	Days	If less than one day
80	7		hr. min.

9. Birthplace Maryland (City, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Dantzger
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Dobler
15. Birthplace Germany

16 (a) Informant Miss Betty Dantzger
(b) Address 3403 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery ~~mausoleum~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Baird & McGuirk
(b) Address 1902 Eastern Ave

19 (a) Apr 27 1942 Huntington Williams, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1942 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24-1942 to 4-26-1942 and that I last saw h/him alive on 4-26-1942

Immediate cause of death Pneumonia

Duration

Due to Coma.

Due to

Other Conditions Hypostatic congestion

C V - Renal Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno. E. Smith, M.D.
Address Church Home & Infirmary Date signed 4-28-42

VS 3

F 91642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 91642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 W. Randall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. Randall
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H Wootton
3 (b) If veteran, name war No
3 (c) Social Security Account No. No
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Elizabeth A. Wootton
6 (c) If alive, give age – years
7. Birth date of deceased (mo., day, yr.) April 17, 1865
8. AGE: Years 77 Months – Days 9 If less than one day hr. min.
9. Birthplace Balto. Md. (City, county and state)
10. Usual Occupation retired.
11. Industry or business

FATHER
12. Name John T Wootton
13. Birthplace England

MOTHER
14. Maiden Name Mary E. Chambers
15. Birthplace Md.

16 (a) Informant Laura Lyderson
(b) Address 117 W. Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1942 (mo.) (day) (yr.)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto City

18 (a) Funeral director A. Randall Evans
(b) Address 1400 Gr 16 Harlem

19 (a) APR 27 1942 (Signature of Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to April 26 1942 and that I last saw h alive on April 26 1942
Immediate cause of death

	Duration
Acute Dilatation of Heart	3 days
Due to	
Due to	
Other Conditions Arterio Sclerosis	Indefinite

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. H. L. Compton M. D.
Address 1644 Harlem Date signed

Please write clearly with pen and ink. Use no abbreviations. If unknown, state so. Do not leave blanks. Be sure that your answers are correct and complete. Items 1 to 19 are especially important. Physicians: please write the causes of death clearly and legibly.

F 91643 ✓ F 91643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 Pennington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Nehls

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8-1897

8. AGE: Years	Months	Days	If less than one day
44	4	16	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Robert Nehls
13. Birthplace Lithuania

MOTHER
14. Maiden Name Amelia ?
15. Birthplace Lithuania

16 (a) Informant
(b) Address B C H Records

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 APR 27 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1942, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1942 to 4-24 1942 and that I last saw him alive on 4-24 1942.

Immediate cause of death
1 B. welchii septicaemia
Cardiac failure
Due to Rheumatic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?
?
?

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rackham M. D.
Address Balto. City Hosp. Date signed 4-25-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 91644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127-a

F 91644 Registered No.

PLEASE WRITE PLAINLY, with [illegible]. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 N. Rogers Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Rogers Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE VINCENT

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife: Thomas Vincent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13. 1849

8. AGE: Years	Months	Days	If less than one day
92	10	12	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business no

FATHER
12. Name AMOS HUGHES
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Adams
15. Birthplace Md.

16 (a) Informant JILLARD V. McFrederick
(b) Address 3604 N. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27.42 (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location Edmondson Ave. Balto. Md.

18 (a) Funeral director John B. Oursler & Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D. Registrar
APR 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1942 at 3.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 24 1942, and that I last saw h[illegible] alive on April 23 1942.

Immediate cause of death	Duration
myocardial insufficiency	1 day
Due to Acute Cholecystitis	5 days
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Geo B Turner and Hood M. D.
Address 2200 Garrison Blvd. Date signed 4-27-42

F 91645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 91645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 W. Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Coughlin (English)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1891

8. AGE: Years 51 | Months — | Days — | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name James Collins

13. Birthplace S. C.

MOTHER 14. Maiden Name unknown

15. Birthplace S.C.

16 (a) Informant Margaret Montgomery

(b) Address 138 Stockton St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)

(c) Cemetery or crematory Columbia Cem

Location Columbia S. Carolina

18 (a) Funeral director Williams & Jackson

(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

APR 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 25 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 24 1942 to Apr. 25 1942 and that I last saw him alive on Apr. 24 1942

Immediate cause of death Uremia — Duration 2 weeks

Due to Hypertension Cardiovascular Renal

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.

Address Provident Hosp. Date signed 4/26/42

Please write plainly. Physicians: please write the cause of death clearly and correct age is especially important.

F 91646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91646 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 Portugal Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Portugal Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Prakseda Kedzierski (Or) Kendzierski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Martin Kedzierski
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 21, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Antoni Tryburski
13. Birthplace Poland

MOTHER
14. Maiden Name Amelia Mikolajewski
15. Birthplace Poland

16 (a) Informant Martin Kedzierski
(b) Address 2005 Portugal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)
(c) Cemetery or crematory St, Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

19 APR 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1942 at 4:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1942, to April 26 1942 and that I last saw h[illegible] alive on April 26 1942

Immediate cause of death
Lobar pneumonia — Duration 2 Hrs.
Due to Chronic Endocarditis — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Szczubelski M. D.
Address 1862 Eastern Ave. Date signed 4-27-42

correct age is especially important. Physicians: please write the ages in years, months and days.

VS 8

F 91647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

Registered No. F 91647

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5510 Fern Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna Katherine Hartman

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles J. Hartman
6 (c) If alive give age: 39 years

7. Birth date of deceased (mo., day, yr.) Oct 29. 1905

8. AGE: Years 36 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business at Home

FATHER
12. Name John Stein
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Cora Grinder
15. Birthplace Md

16 (a) Informant Charles J. Hartman
(b) Address 5510 Fernpark Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. Mrs. John H. Teufel Son
(b) Address 801 N. Fayette St.

19 (a) [illegible] Funeral Director for Williams M.T. Registrar

APR 27 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 16 1942 to April 27 1942, and that I last saw [illegible] alive on April 27 1942.

Immediate cause of death Staphylococcic Meningitis — Duration

Due to Cellulitis of rt. parotid gland

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 4/30/42

I hereby certify that the above is a correct copy of the original certificate of death filed in the Bureau of Vital Statistics of Baltimore City. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 91648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 755 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 755 W. Baltimore St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan W. Nicolai

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19 1854

8. AGE: Years	Months	Days	If less than one day: hr.	min.
87	8	26		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name J. C. Nicolai
13. Birthplace Germany

MOTHER
14. Maiden Name Susan W. Wininger
15. Birthplace Germany

16 (a) Informant John L. Nicolai
(b) Address 755 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28. 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Mrs. Mrs. John W. Geisel & Son
(b) Address 801 W. Fayette St

19 (a) Registrar Apr 27 1942 Hunter Jon Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26. 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24 1942 to Apr 26 1942
and that I last saw h[illegible] alive on Apr 25 1942

Immediate cause of death: Chronic Cerebro Vascular disease — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest W. Rabon M.D.
Address 735 Park Ave. Date signed 4/27/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

91649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W. Rogers Ave
(c) Hospital or institution: Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delilah York

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~ widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Charles York
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 29th 1851

8. AGE: Years: 90 Months: 4 Days: 6 If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county and state)

10. Usual Occupation: Inmate
11. Industry or business: Home for Aged

FATHER
12. Name: John W. Hall
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Caroline G. Coy
15. Birthplace: Balto Md.

16. (By informant) Record Home for Aged of M.E. Home
(b) Address 2211 Rogers Ave

17 (a) Burial (~~cremation~~) (b) Date thereof 4/27/42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 2267 E. Baltimore St

19 (a) APR 27 19[illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 24 1942 and that I last saw h~~e~~ alive on 4-24 1942.

Immediate cause of death: Apoplexy
Due to: Arteriosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 hrs / 10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J Dana M. D.
Address 800 W 39th Date signed 4-28-42

VS 8

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and report correct age is especially important.

F 91650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 S Eden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 220 S Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH KULPE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Benj. Kulpe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Philip —
13. Birthplace Russia

MOTHER
14. Maiden Name Kulpky —
15. Birthplace Russia

16 (a) Informant Family Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location

18 (a) Funeral director Jack Perrin Inc
(b) Address 1429 E. Balto St

19 APR 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ** (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 week
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H & L Wollenweber M.D.
Medical Examiner.
Date signed 4-27-42

VS 6

Please write plainly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

91651 1
73344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91651
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY H. Admitted 5.45PM
(d) Length of stay in hospital or inst. (yrs., mos., or days) TALA-17-42
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, ? 1863

8. AGE: Years	Months	Days	If less than one day
58	? 11	? 1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Shoe Shiner

11. Industry or business

FATHER
12. Name ?
13. Birthplace ? Unable to get this

MOTHER
14. Maiden Name ? information
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL APR 27, 1942
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 APR 25 1942 Huntington Williams MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-42 19 , at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942, to 4-17 1942, and that I last saw h[illegible] alive on 4-17 19 42.

Immediate cause of death Pulm embolism

Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Goss Jr. M. D.
Address Balt City Hosp Date signed 4-24-42

PLEASE WRITE PLAINLY with pen and ink. Be sure to answer all questions. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

9043

91652

R.L.C. (72897)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 91652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Oxgyle Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

11-2

3 (a) FULL NAME Emanuel T. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1880

8. AGE: Years	Months	Days	If less than one day
61	9 11	14 12	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Mr. Bucholz

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 27, 1942
Commissioner of Health

18 (a) Funeral director Dec H. A. Meyer
(b) Address

19 (Date rec'd by registrar) APR 25 1942 Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1942 at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1942 to 4-13 1942 and that I last saw him alive on 4-13 1942.

Immediate cause of death: Uremia — Duration 2 wks.

Due to: Interstitial nephritis — 7

Due to:

Other Conditions: Cerebral thrombosis — 2 wks.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp Date signed 4-23-42

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

90

91653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. E 91653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 27, 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Hagen

19 (a) APR 25 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1942 at 9:19 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Medical Examiner M.D.
Date signed 4/13/42

9650

91654-69426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a F 91654 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Pine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1887

8. AGE: Years 55 | Months 1 | Days | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Page
15. Birthplace Va.

16 (a) Informant
(b) Address BCH Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 27, 1942 Commissioner of Health

18 (a) Funeral director
(b) Address For H. A. Moore Huntingtown Williams MD

19 APR 25 1942 (Date filed by registrar) (c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1942 at 8 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1941 to 4-17 1942, and that I last saw him alive on 4-17 1942.

Immediate cause of death: Chronic Bilat. Pyelonephritis — Duration: yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald A Stott M. D.
Address Balto City Hosp Date signed 4-17-42

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

VS 3

9051

F 8[illegible]5 — BALTIMORE CITY HEALTH DEPARTMENT — F 91055 Registered No.

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 329 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Agnes B Kush

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1896

8. AGE: Years	Months	Days	If less than one day
45	8	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business at Home

FATHER
12. Name John Hettinger
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Lukas Kush
(b) Address 329 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John J. Conway Sr.
(b) Address 901 Hardings St.

19 (a) APR 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at 4.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1942, to Apr 26 1942, and that I last saw her alive on April 26 1942.

Immediate cause of death: Gallopping Tuberculosis — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Corcoran M.D.
Address 24 W Fulton Ave Date signed 7/24/42

Please write plainly. Physicians: please write the cause of death correctly and fully. Personal information, especially important. correct age is especially important.

YS 2

F 91656 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 91656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Belvedere Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde DeCoursey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife ? Mary Truscott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1878

8. AGE: Years 63 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William (Dead) DeCoursey
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia-(Dead)
15. Birthplace ?

16 (a) Informant B C H Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Harry H. Hilke
(b) Address 4101 Edmondson Ave.

19 APR 27 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1942 at 4 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 4-24 1942 and that I last saw him alive on 4-24 1942.

Immediate cause of death Acute Pancreatitis — Duration 11 wks

Due to

Due to

Other Conditions Hypertensive Cardio-Vascular Disease — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb
Address Balto City Hosp Date signed 4-24-42

VS 3

Physicians: please write the causes of death clearly and correct age is especially important.

F 91657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 91657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1440 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 E. Fort Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick W. Klamp.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-7897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1892.

8. AGE: Years	Months	Days	If less than one day
49	4	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Business Agent.
11. Industry or business Longshoremen Union

FATHER
12. Name Frederick W. Klamp.
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Lechner
15. Birthplace Germany

16 (a) Informant Henry D. Klamp.
(b) Address Severn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill Cem
Location A. A. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1541 E. Fort Ave

19 APR 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to April 25 1942, and that I last saw he alive on April 24 1942

Immediate cause of death: Coronary Thrombosis — Myocarditis — Duration: 1 hr 10 Min

Due to Pulmonary Tuberculosis — Duration: 12 yrs

Due to the Arteriolosclerosis Nephritis — Duration: 20 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. S. Stearns M. D.
Address 2818 Harford Rd Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information on this certificate is required by law. Physicians: please write the causes of death clearly and legibly.

VS 3

F 91658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 91658 Registered No.

PLEASE WRITE PLAINLY with pencil or pen. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Baltimore Gen.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11d.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County a. a.
(c) City or town Orchard Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 Bridge Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-17-6893

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 14 1881
8. AGE: Years 60 | Months 7 | Days 13 | If less than one day hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation Draw Bridge
11. Industry or business Operator
12. Name of Father: George
13. Birthplace of Father: England
14. Maiden Name of Mother: Myra Foster
15. Birthplace of Mother: England
16 (a) Informant: Catherine S Shaw
(b) Address: Bridge Drive Orchard Beach
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 30-1942 (month) (day) (year)
(c) Cemetery or crematory: Meadowridge
Location: Howard Co.
18 (a) Funeral director: Maurice J. Flynn
(b) Address: 1422 Light St.
19 APR 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1942, at 5:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1942, to 4/27 1942, and that I last saw h alive on 4/22/42 1942.

Immediate cause of death: Hemorrhage from ulcer of duodenum — Duration
Due to:
Due to:
Other Conditions: Cardio-arteriosclerosis
Hypertension-Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: as stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Mills M. D.
Address So. Balto. Gen. Date signed 4/27/42

F 91659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

470 C Registered No. F 91659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address /
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County Manhattan
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W 141st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GLADYS LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Atlanta, Georgia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Virginia Slocum (cousin)
(b) Address 737 Morton St. N.W. Wash, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Harmony Cemetery
Location Washington, D.C.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 R Schroeder St

19 (a) APR 27 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 6 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Crushing of chest	
Due to	
Due to	
Other Conditions Ho	

(Include pregnancy within 3 months of death)

Date of operation Ho

Major findings of operation:

of autopsy: Ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 26 1942 at 5 21 P.M.
(c) Where did injury occur? Palisades, N.J. (City or town) (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? public While at work? Ho (Specify type of place)
(e) Means of injury Collision of 2 auto trucks

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 4-26-42

VS 6

Please write clearly. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

P 91660 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. P 91660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County Hudson
(c) City or town Jersey City (If outside city or town limits, write RURAL and give town)
(d) Street No. 197 Liberty Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL F MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No. 056-09-1163

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation TRAFFIC MGR.

11. Industry or business SOAP Co

FATHER 12. Name Richard Murphy

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant ?

(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/27/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem.

Location Jersey City N. J.

18 (a) Funeral director John R Kenny

(b) Address 1262 Bead Ave.

19 (a) APR 27 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fracture of skull

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-26-42 at 5 P M
(c) Where did injury occur? Hackettstown N.J. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury collapse of two trucks

23. Signature H. L. Wollenweber M.D.
Deputy Medical Examiner.

Date signed 4-27-42

F 91661 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 91661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Eutaw Place (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Albert Estep.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18. 1916

8. AGE: Years	Months	Days	If less than one day
26 25	0	7	hr. min.

9. Birthplace Flemington W Va (Town, county, and state)
10. Usual Occupation Ship Fitter
11. Industry or business

FATHER
12. Name Harry Estep
13. Birthplace Keyser W Va

MOTHER
14. Maiden Name Ida Parker
15. Birthplace W Va

16 (a) Informant Robert J Estep
(b) Address 1926 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Flemington
Location Flemington W Va

18 (a) Funeral director Wilson Colvin
(b) Address 1217 E Fort Ave

19 (a) APR 27 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-1942 at 6.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-25-42 at 6.45 P M
(c) Where did injury occur? 1926 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall from 3rd floor window 40'
23. Signature Richard J. Colvin M.D.
Date signed 4-27-42 Medical Examiner.

VS 6

PLEASE WRITE PLAINLY, with ink. Be sure to give correct age in each case. Ages are especially important. Physicians: please write the causes of death clearly and legibly.

F 91662 1,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 S. Ponca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S Ponca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Pamebianco

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Salvatore Pamebianco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 - 1893

8. AGE: Years 48 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pasquali Barbagallo
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 502 Ponca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director Frank G. Pepetone
(b) 1 E Balto St.

19 (a) APR 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at 9:00 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm G Kelbach M.D. Medical Examiner.
Date signed 4/27/42

VS 6

PLEASE WRITE PLAINLY. Items must be answered or "unknown" stated where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91663 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 91663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered in every way. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 E. 25th, Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. 25th, Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James J. King

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice King
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) July 7th 1867

8. AGE: Years 74 | Months 9 | Days 18 | If less than one day: ##### hr. ##### min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business Retired

FATHER
12. Name Michael King
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann King
15. Birthplace Ireland

16 (a) Informant Mrs. Alice King (Wife)
(b) Address 1618 E. 25th, Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) APR 27 1942 (Date rec'd by registrar) [illegible], Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1942 to 4/25 1942, and that I last saw h[illegible] alive on 4/25 1942

Immediate cause of death: Cerebral Hemorrhage. — Duration: 4 days
Due to: Cerebral Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Sol Smith
Address 1223 E. Monument Date signed 4/27/42

VS 8

F 91664 1)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 91664 1) Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Gough St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Gough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Cushley

3 (b) If veteran, name war →

3 (c) Social Security Account No. 215-10-5763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1. 1874

8. AGE: Years	Months	Days	If less than one day
67	4	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Sales Lady

11. Industry or business Hutzler Bros.

FATHER
12. Name John Cushley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary F. Kiely
15. Birthplace Maryland.

16 (a) Informant Belle M. Powell
(b) Address 1814 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

APR 28 1942 Registrar Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25. 1942. at 3 40 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1941 19 to Apr. 25 1942 and that I last saw h alive on Apr. 25 1942.

Immediate cause of death	Duration
Chronic Nephritis, Uremia Hyperextension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George D. Lipsey M. D.
Address 43 W. Patterson Park Date signed 4/27/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 91665

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Lyndhurst St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Brisamon St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Francis M. Molloy

3 (b) If veteran, name war

3 (c) Social Security Account No. 1214-03-4198

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21-1894

8. AGE: Years	Months	Days	If less than one day
47	11	5	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation District Manager

11. Industry or business Oil Co.

FATHER
12. Name Patrick J. Molloy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mellet
15. Birthplace Ireland

16 (a) Informant Mrs. Ray V. Molloy
(b) Address 3302 Brisamon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schwatt
(b) Address 1401 Eutaw Ave

19 (c) APR 28 1942 (Signature) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/5/1941 to 4/26/1942 and that I last saw h alive on 4/26/1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 hr.
Due to	
Due to Arteria Sclerosis	about 4 yrs.
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore A. Morrison M. D.
Address 11 E. Chase St Date signed 4/27/42

F 91666 LINDVALL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Aged Convalescent Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 + 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1923 E. Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Justina Lindvall
3 (b) If veteran, name war —
3 (c) Social Security Account No —

MEDICAL CERTIFICATION

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1870

8. AGE: Years	Months	Days	If less than one day
72	1	7	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Retired Housewife
11. Industry or business

FATHER
12. Name Louis Rauck
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Heinemann
15. Birthplace Germany

16 (a) Informant John A. McKay
(b) Address 1923 E. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) (b) Huntington Williams M.D.

APR 28 1942

VS 3

Immediate cause of death: Myocarditis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson M.D.
Address 2324 Resterstown Rd Date signed 4/26/42

PLEASE WRITE LEGIBLY. Physicians: please write the cause of death clearly and legibly. Undertakers: please write the correct age in years, months, days and hours. Every item is especially important.

F 91667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Eastport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Chester Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SOLOMON MEREDITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6. If married, widowed, or divorced

6 (b) Name of husband or wife Grace Mayfield

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) March 27, 1888

8. AGE: Years 54 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace Stevensville, Maryland
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name Fred Meredith
13. Birthplace Stevensville, Maryland

MOTHER
14. Maiden Name Christina Stanbury
15. Birthplace Stevensville, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)
(c) Cemetery or crematory Stevensville Md
Location

18 (a) Funeral director Isaiah L. Bowen & Son
(b) Address 108 W Montgomery St.

19 (a) Filed APR 28 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

I attended deceased from April 25, 19 42 to April 28, 19 42

and that I last saw h 1m alive on April 28, 19 42

Immediate cause of death Malignant hypertension — Duration Unknown

Due to Nephrosclerosis — Unknown

Due to Arteriosclerosis — Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: Asabove

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address US Marine Hospital Baltimore, Maryland. Date signed 4/27/42

VS 8

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure your answers are correct and legible. Physicians: please write the cause of death clearly and legibly. Information is especially important.

F 91668 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91668 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the cause of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Drury Lane
(c) Hospital or institution at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Drury Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett May Clifton

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm. H. Clifton
6 (c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): June 10 1877
8. AGE: Years 64 | Months 10 | Days 16 | If less than one day: hr. min.
9. Birthplace: Three Rivers - Mich. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: William Yauney
13. Birthplace: Michigan

MOTHER
14. Maiden Name: Ida L. Fulkerson
15. Birthplace: Michigan

16 (a) Informant: Wm. H. Clifton (Husband)
(b) Address: 507 Drury Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 28-42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn
18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. MOWEN SUC.) 108 W. NORTH AVENUE
19 APR 28 1942 Huntington Williams M.D. (Signature of Undertaker)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1942 at 7 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1920 to Apr 26 1942 and that I last saw her alive on Apr 26 1942.

Immediate cause of death: Myocardiation Cardiac Failure — Duration: 60 days
Due to: Arterio Sclerosis — 6 years
Due to: Myocardiation — 3 years
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. C. Samuel M. D.
Address 4279 Liberty Hgts. Date signed Apr 27

VS 3

F 91669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 C

F 91669 Registered No.

PLEASE WRITE PLAINLY, WITH PENCIL OR PEN. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County ?
(c) City or town Arlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 846 S. Highland St. Arlington, Va
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

17 N

(Birth F 48504)

3 (a) FULL NAME Baby Boy Oakley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 23, 1942

8. AGE: Years	Months	Days	If less than one day
			7 hr. 0 min.

9. Birthplace Baltimore, Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Mr Owen Horace Oakley
13. Birthplace ?

MOTHER
14. Maiden Name Kathleen Wigton
15. Birthplace New York City New York

16 (a) Informant Mr. Owen H. Oakley
(b) Address 846 S. Highland St. Arlington, Va

17 (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory _____
Location Carruges Sect.

18 (a) Funeral director _____
(b) Address _____

19 (a) APR 28 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1942, at 10 2/6 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to April 23 1942 and that I last saw him alive on April 23 1942.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Intrapartum anoxemination (rupture of placental vessel, during 23 days of labor)	7 hr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury

23. Signature Allen F. Dalcutt M.D.

Address Union Memorial Hosp. Date signed 4/23/42

F 91670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91670 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete this certificate. Give full name of deceased. Fill in all blanks for which you have information. Physician: fill in and sign certificate and give your address. Undertaker: fill in and sign certificate, secure signature of informant, and file certificate with local registrar of death. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Centreville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy T. Harrison

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Robt H. Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23rd 1867

8. AGE: Years 74 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Centreville Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Carl Binebrink
13. Birthplace Bremen Germany

MOTHER
14. Maiden Name Matilda Clough
15. Birthplace Centreville Md.

16 (a) Informant Robert H. Harrison
(b) Address 411 Dumberton Rd
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Hillsboro
Location Md.
18 (a) Funeral director William Cook
(b) Address 127 St. Paul St
19 APR 28 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27th 1942. at 1:45 A.M

21. I certify that deceased was last seen by me on the date above stated; that I attended deceased from [illegible] to Apr 27 1942 and that I last saw h alive on Apr 26 1942

Immediate cause of death: Carcinoma of breast with metastases — Duration: 6 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. J Keller M. D.
Address 322 W. Monument Date signed Apr 27 42

VS 3

F 91671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93-D

Registered No. F 91671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution: Aged Womens + Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reuben Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 17th 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	3	8		

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business Home for Aged

FATHER 12. Name Robert L. Thompson

13. Birthplace (Nativity) Unknown

MOTHER 14. Maiden Name Katherine Spence

15. Birthplace

16 (a) Informant Aged Womens + Aged Mens Home

(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director Wilkinson Bros

(b) Address 417 St. Paul St.

19 APR 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1942, at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/1933 19 to 4/25/1942 19, and that I last saw him alive on 4/24/42 19

Immediate cause of death: Chronic myocarditis — Duration: 9 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas B Jarrell M. D.

Address 1115 St. Paul St. Date signed

PLEASE WRITE PLAINLY, WITH INK AND IN PENCIL. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

412480
F 91672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-B

F 91672
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 W Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK HAX

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 705-09-6972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife: MARY
6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): 9-29-73

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	6	27		

9. Birthplace: Balto. Md (Town, county, and state)
10. Usual Occupation: Cooper
11. Industry or business: B & O R.R.

FATHER
12. Name: John Hax
13. Birthplace: Md

MOTHER
14. Maiden Name: Charlotte Alkrid
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/42 (month) (day) (year)
(c) Cemetery or crematory: Western Md
Location: Baltimore

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St

19 (a) Filed APR 28 1942 (b) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: APR. 26 1942 at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 4 1942 to APR 26 1942, and that I last saw him alive on APR 26 1942

Immediate cause of death: Uremia Bacteremia — Duration: [illegible]
Due to: Anemia Hemorrhagic nutrition — Duration: [illegible]
Due to: Osteomyelitis Mandible — Duration: over
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: March 1942
Major findings of operation: Hemorrhagic nutrition
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J S Harris
Address: Johns Hopkins Hosp. Date signed: 4/27/42

F 91673 T4 73015 BALTIMORE CITY HEALTH DEPARTMENT F 91673

CERTIFICATE OF DEATH 83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where none, or not applicable, write none. Use only standard abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2243 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Jane Holt 2243 E. Preston St

3 (b) If veteran, name war: ~~No~~
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, ~~divorced~~
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1855

8. AGE: Years	Months	Days	If less than one day
86	6	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John J. Brown
13. Birthplace Unknown

MOTHER
14. Maiden Name Louise Smith
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 127 St Paul St

19 (a) APR 28 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 42, at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 19 42 to 4/26 19 42, and that I last saw h er alive on 4/26 19 42.

Immediate cause of death Cerebral Accident — Duration 4 days
Due to Cerebral Arteriosclerosis and Generalized — 5
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Williams M. D.
Address Baltimore City Hospitals Date signed 4/27/42

F 91674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 91674 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Use only black ink. Do not abbreviate. Give full name of deceased. Do not use initials. If any item is unknown, state "unknown." Give correct age in years. If under one year, give age in months, days, or hours. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Port St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Port St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME LENA McADAMS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Francis McAdams

6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): July 28.1874

8. AGE: Years 67 | Months 8 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Casper Schmidt-deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Johanna Born-deceased
15. Birthplace: Germany

16 (a) Informant: Mr. Francis McAdams (Husband)
(b) Address: 704 S. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem.
Location: Baltimore County

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.

19 (a) Filed: APR 28 1942 (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 25. 1942 19 11.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 19 42 to April 25 19 42
and that I last saw her alive on April 25 19 42

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Cerebral Arteriosclerosis — Duration: ? / 1 yr.

Due to: chr. Encephalitis

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Mar. J. Sanner Co
Address: 700 W. Pratt St. Date signed: 4/28/42 M. D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 91675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 460

F 91675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rural, Sparrows Point, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 144, R.F.D. No 10
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Warden (IDA ALEXANDRA WARDAN)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Emil Warden

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1-2-1885

8. AGE: Years	Months	Days	If less than one day
57	3	23	hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER — 12. Name Felix Nyman
13. Birthplace Finland

MOTHER — 14. Maiden Name Alexandra Helman
15. Birthplace Finland

16 (a) Informant Mr. Emil Wardan (Husband)
(b) Address Stevenson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Md

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 Filed APR 28 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at 3:14 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7-1942 to 4-26-1942 and that I last saw h[illegible] alive on 4-25-1942

Immediate cause of death: Respiratory Failure — Duration: Minutes
Due to: Adenocarcinoma of ovarium — Duration: Months
Due to: — Duration:
Other Conditions — Duration:

(Include pregnancy within 3 months of death)
Date of operation 10-21-41, 2-27-42
Major findings of operation: Tumor [illegible] at ovarium and peritoneum
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Lamm M. D.
Address Mercy Hospital Date signed 4-26-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 91678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93D

Registered No. F 91676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete items. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Garrison Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian (Lillie) M. Sinclair

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1865

8. AGE: Years 76 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business C&P. Telephone Co.

FATHER
12. Name William Sinclair
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Madeline Colbert
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elizabeth Ross
(b) Address 2515 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WM.J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 Filed APR 28 1942 Huntington Williams, M.D.
(Local registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to April 26 1942, and that I last saw her alive on April 26 1942.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to Arteriosclerosis	2 years
Due to Myocardial Insufficiency	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 2604 Garrison Blvd Date signed 4-28-42

F 91677 !

BALTIMORE CITY HEALTH DEPARTMENT X 106

CERTIFICATE OF DEATH

F 91677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland and Rayner Ave.
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Hooper Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Dixon

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Robert E. Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Arline G. Bowen
15. Birthplace Baltimore

16 (a) Informant Mrs. Arline G. Blumenfeld
(b) Address 4401 Hooper Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) APR 28 1942 (b) Huntington Williams, M.D.
(Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942, at 1 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942, to April 27 1942, and that I last saw her alive on April 17 1942.

Immediate cause of death Pneumonia — Duration 4 days

Due to Cerebral hemorrhage

Due to Hypertensive Cardio-Vascular Disease.

Other Conditions Fibroid uterus.

(Include pregnancy within 3 months of death)

Date of operation April 23, 1942

Major findings of operation: Fibroid uterus.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joshua M. Perman M.D.
Address WBGH Date signed 4/27/42

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 91678

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto. Eye, Ear + Throat Hosp 1942a

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp (ST.) 15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albertina M. Reeves.

(a) RESIDENCE. No. 1620 McKean Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Alick W. Reeves Sr.

6 DATE OF BIRTH (month, day, and year) 12/8/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Gustav Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Mrs. Thomas E. Hoffmaster (Address) 2784 Hampden Ave.

15 APR 28 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 27. 1942

17 I HEREBY CERTIFY, That I attended deceased from Apr 14. 1942 to Apr. 27. 1942

that I last saw her alive on Apr 27. 1942

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Cystpantendin

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓ CATATH

Did an operation precede death? Yes Date of [illegible]

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) J. Waters M. D.

, 19 (Address) 1214 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 4/29 1942

20 UNDERTAKER Wm J. Tickner + Sons.

ADDRESS North Ave.

Mod 7636

CAUSE OF DEATH to be given in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

F 91679 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 46-B

Registered No. F 91679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Broadmoor Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE WILHELM JANSSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 078-12-3279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary C. Anderson
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 27, 1878

8. AGE: Years	Months	Days	If less than one day
63	11	0	hr. min.

9. Birthplace Finland (Town, county, and state)
10. Usual Occupation Master
11. Industry or business SS ELLWOOD U.S. Shipping Co.

FATHER
12. Name Carl Jansson
13. Birthplace Finland

MOTHER
14. Maiden Name Maria Mathilda Ahlstrom
15. Birthplace Finland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory
Location Bridgeport, Conn.

18 (a) Funeral director Wm. J. Tiekens & Sons.
(b) Address North & Pa. Aves.

19 APR 28 1942 Huntington Williams M.D.
(Registrar) (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1942, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1942, to April 27, 1942, and that I last saw him alive on April 27, 1942.

Immediate cause of death	Duration
Bronchopneumonia, terminal	2 da.
Due to Cachexia	3 mo.
Due to Carcinoma of the stomach with widespread metastases	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 16, 1942
Major findings of operation: Abdominal paracentesis
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. Anderson M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 4/28/42

T. B. Anderson

WRITE PLAINLY, WITH UNFADING INK. Entry ... set age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 659 Sterling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Sterling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. V. Goods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Widowed

6 (b) Name of husband or wife Jones Henry Goods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5. 1870

8. AGE: Years	Months	Days	If less than one day
72	2	21	hr. min.

9. Birthplace Md. Balto. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Simms?
13. Birthplace Md

MOTHER
14. Maiden Name Millie?
15. Birthplace Md

16 (a) Informant Mary Parker Goods
(b) Address 659 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cem.
Location B. C. County Md.

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1302 N. Central Ave.

19 DATE RECD. APR 28 1942 (Date filed by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26. 1942 at 4 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 2 1942 to April 26 1942 and that I last saw [illegible] alive April 25 1942

Immediate cause of death

	Duration
Acute Bronchopneumonia	April
Due to Pneumonia	1942
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Allen
Address 21 Chase St Date signed 4-28-42

VS 8

F 91681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 91681 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; if none, say so. Do not leave blanks except where directed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Asquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Jane Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-5903

4. Sex F | 5. Color or race C | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~ single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-1898

8. AGE: Years 43 | Months 10 11 | Days 27 | If less than one day hr. min.

9. Birthplace Darling S.C (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Robt. Brown
13. Birthplace Hopefield S.C

MOTHER
14. Maiden Name Sallie —
15. Birthplace Portmouth S.C

16 (a) Informant Martha Brown
(b) Address 516 Asquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Wallace A. Jackson
(b) Address 2946 Pennsylvania ave.

19 (a) APR 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1942 at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 4-27 1942 and that I last saw her alive on 4-27 1942,

Immediate cause of death: Cerebral hemorrhage — Duration: 2 hrs
Due to: Hypertensive cardio-vascular disease — Duration: UNK.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Rayner Browne
Address 1500 E. Madison St Date signed 4/28/42

F 91682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

F 91682

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as known. Underline the correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 Milmer Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 Milmer Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Shelton

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — — 1862

8. AGE: Years	Months	Days	If less than one day
79 90	—	—	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Jerry Brown
13. Birthplace Md

MOTHER
14. Maiden Name Sarah. ?
15. Birthplace Md

16 (a) Informant Isaac Shelton
(b) Address 656 Oxford st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-42. (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) APR 28 1942 (b) Received by registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1942 to April 25 1942 and that I last saw h alive on April 25 1942. Immediate cause of death

	Duration
Chronic Endocarditis	
Due to Dept Known	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. J Coleman
Address 2039 McCulloh Date signed April 27-42

F 91683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 91683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as practicable. Copy must be typewritten. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 W. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 W. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Payne

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James H. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-18-1876

8. AGE: Years 65 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Cumberland Co. Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Napoleon Bonaparte
13. Birthplace Va

MOTHER
14. Maiden Name Dollie Ann
15. Birthplace Va

16 (a) Informant Laura Dickerson
(b) Address 538 W. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Mem-Cem
Location Baltimore Md

18 (a) Funeral director William A Tuckahoe
(b) Address 916 Penna ave

19 (a) APR 28 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1942 to Apr 26 1942 and that I last saw her alive on Apr 26 1942

Immediate cause of death — Duration

Cardio Vascular Renal Disease

Due to ? = Renal Disease

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S B Hughes
Address 1443 Druid Hill Av Date signed 4/28/42 D

414295

F 91684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 91684

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Calif (b) County

(c) City or town San Diego (If outside city or town limits, write RURAL and give town)

(d) Street No. 818 Sixth Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Edwin K Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 2-16-76

8. AGE: Years	Months	Days	If less than one day
66	2	12	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name Edwin K Thornton

13. Birthplace Kentucky

14. Maiden Name Lucrecia Hobbs

15. Birthplace Kentucky

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)

(c) Cemetery or crematory

Location Kansas City, Mo.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) APR 28 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 28 1942, at 340 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1942, to Apr 28 1942, and that I last saw him alive on Apr 25 1942

Immediate cause of death ASPHYXIA.

Due to PRIMARY NEOPLASM OF LEFT LUNG

Due to

Other Conditions LATENT SYPHILIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Austrian

Address The John Hopkins Hosp Date signed 4/28/42

F 91685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-P

F 91685 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 4D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Haverhill Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles S. Taylor

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married, widowed, or divorced~~

6 (b) Name of husband or wife Alice Taylor
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 28 1870

8. AGE: Years 71 | Months 7 | Days - | If less than one day: hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Retired Mechanic
11. Industry or business

FATHER 12. Name Charles F Taylor
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Mary E Bunkerby
15. Birthplace Balto Md

16 (a) Informant Jos. L. Leitzer
(b) Address Rolling Road Catons.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3301 Frederick Ave

18 (a) Funeral director John C. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) APR 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1942 to April 28 1942 and that I last saw him alive on April 28 1942

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Degenerative CVD	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C Mitchell
Address 1900 Eutaw Place Date signed 4/28/42 M.D.

VS 3

F 91686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-A Registered No. F 91686

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Eastern Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Guttenberger HENRY GUTTENBERGER.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~ WIDOWER

6 (b) Name of husband or wife BARBARA GUTTENBERGER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 19 1879

8. AGE: Years 62 ~~Months Days~~ 10 6 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Store - Manager

11. Industry or business Grocery Store

FATHER
12. Name Henry Guttenberger
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret — ?
15. Birthplace Germany

16 (a) Informant Michael Guttenberger
(b) Address 130 Riverside Ave - Essex, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 29/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Gettemeier
(b) Address 403 S. WOLFE ST.

19 (a) APR 28 1942 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942 to April 25 1942 and that I last saw him alive on April 25 1942.

Immediate cause of death Peritonitis — Duration ?

Due to ?

Due to

Other Conditions Umbilical fistula

(Include pregnancy within 3 months of death)

Date of operation April 27 1942

Major findings of operation Pus et [illegible] fluid. Autopsy - Chronic [illegible] Cirrhosis of liver, Ulcer of bowel, perforating

PHYSICIAN — Underline the cause to which [illegible]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury J.H. WALKER

23. Signature J. Kaufman M.D. M. D.
Address University Hospital Date signed Baltimore, Md 4-26-42

VS 1

F 91687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91687 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Raymond Lobdell

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-18-5190

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. J. Raymond Lobdell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 19 1888
8. AGE: Years 54 Months 2 Days 8 If less than one day hr. min.
9. Birthplace Utica N. Y. (Town, county, and state)
10. Usual Occupation Monument Mover
11. Industry or business Monument Mover

FATHER
12. Name James Lobdell
13. Birthplace Pa

MOTHER
14. Maiden Name Lucilla Baldwin
15. Birthplace Pa

16 (a) Informant Edith Lobdell
(b) Address 614 Montpelier St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Wilson & Son
(b) Address 1219 E Fort Ave
19 (a) (Date received by registrar) (b) Registrar

APR 28 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to 19..., and that I last saw him alive on April 27 1942

Immediate cause of death: Respiratory Failure — Duration: 2 wks

Due to: Pneumonia and Cerebrospinal Meningitis — Duration: 3 days

Due to: Acute endocarditis — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumococcic meningitis & endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunterit Williams M.D.
Address Sinai Hosp Date signed 4/28/42 M. D.

F 91688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-G

F 91688 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 S. Wolfe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 E. Fairmount Ave. (If rural give location)
Citizen of foreign country? Yes (Yes or No).
If yes, name country Poland

3 (a) FULL NAME Katarzyna Strzempek (Catherine Strempek)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry Strzempek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1871

8. AGE: Years 70 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name ? Burasz
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Joseph Strempek
(b) Address 1913 E. Fairmount Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/47 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 406 S. Chester Street

19 (a) APR 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION 615

20. DATE OF DEATH April 27 1942, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to April 27 1942 and that I last saw him alive on 19.

Immediate cause of death: Carcinoma of Pancreas — Duration June 1. Mo.

Due to: Acute Myocarditis — Duration June 1. Mo.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature William Rosario M.D.
Address 501 Kernan Dr. Date signed April 28 1942

VS 3

F 91689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. E 91689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Calvert St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary A. Peat

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alfred Peat

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1895

8. AGE: Years 46 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name John A. Hopewell
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Georgia Roberts
15. Birthplace Charles Co. Md

16 (a) Informant Charley Hopewell
(b) Address 923 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto, Md

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) APR 28 19[illegible] Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1942 at 1:39 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to April 24 1942 and that I last saw her alive on April 24, 1942

	Duration
Immediate cause of death: pulmonary edema	24 hrs
Due to: cerebral hemorrhage	12 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Corr
Address 5[illegible] Mosher St Date signed 4-28-42 M. D.

F 91690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 839 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 Harlem ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES BELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem.

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/ 1873

8. AGE: Years 68 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Lewis Matthews

13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca ?

15. Birthplace Md.

16 (a) Informant Ida M. Chappell

(b) Address 839 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A.A. Co., Maryland

18 (a) Funeral director Mrs Ida Baily

(b) Address 1721 Jefferson St

19 (a) APR 28 19[illegible] Huntington Williams, M.D.

(Official Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 42 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertension cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 4-27-42

VS 6

F 91691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-6 Registered No. F 91691

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hospt
(d) Length of stay in hospital or inst. (yrs., mos., days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town [redacted] East
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 Riverside ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Germanus Koerner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	214-01-4506	M.	W.	married

6 (b) Name of husband or wife Margaret Koerner
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) July 29-1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	8	28		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business Stand. Oil Co.

FATHER
12. Name Peter Koerner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eva Heter
15. Birthplace Balto.

16 (a) Informant Mrs Margaret Koerner
(b) Address 133 Riverside Ave East
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Rd.
18 (a) Funeral director John H. Connelly
(b) Address 416 Eastern Ave. East
19 (a) APR 28 1942 (Date received by local registrar) (b) Registrar Washington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 12:05 PM
21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1942 to April 26 1942 and that I last saw h(im) alive on April 26 1942.

Immediate cause of death: Bronchogenic Carcinoma of left lung. — Duration 1½ yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Andrew M. Perman M.D.
Address WBGH. Date signed 3/26/42

F 91692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 91692

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5609 Pilgrim Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 5609 Pilgrim Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN R. KIRKPATRICK

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Francis A. Kirkpatrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	6	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Knaub
13. Birthplace Pa.

MOTHER
14. Maiden Name Jane Cousler
15. Birthplace Pa.

16 (a) Informant Mr. F. A. Kirkpatrick
(b) Address 5609 Pilgrim Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lasselle Funeral Home
(b) Address 7401 Belair Road

19 (a) Apr 29 1942 (b) Huntington, Indiana, R.F.D. #1

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1941, to April 26 1942
that I last saw h alive on April 26 1942

Immediate cause of death — Duration
Coronary Disease — 2 yrs
Due to Chronic Myocarditis — 2 yrs
Due to Arteriosclerosis — 2 yrs
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1 W. Orchard Date signed 4-27-42

F 91693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No. F 91693

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5th Mon St & Rutl. Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 4227 Pimlico Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Lesser

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Esther —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Aaron Lesser (Son)
(b) Address 3924 47th St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-42 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Hebrew Young Men's Assn

18 (a) Funeral director Jos. Levin and
(b) Address 1429 E. Baltimore St.

19 (a) APR 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1942, to April 28 1942 and that I last saw him alive on April 27 1942.

Immediate cause of death Cardiac Failure

Duration

Due to Intestinal Bleeding

Due to Intestinal Malignancy ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Kenneth Shulenberg, M.D.
Address Sinai Hosp. Date signed 4/28/42

VS 3

91694

F 91694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1828 W Pratt St (If rural give location)
Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Moyer
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1867
8. AGE: Years 55 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Yena
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Sarah Moyer
(b) Address 1828 W Pratt St
17 (a) (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St
18 (a) Funeral director Jack Levin Inc
(b) Address 1739 E. Baltimore St
19 APR 28 1942 (Date rec'd by registrar) Huntington Woods Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Apl 27 1942, at 6/7 M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1941, to April 26 1942, and that I last saw h in alive on April 26 1942

Immediate cause of death — Duration

Coronary Sclerosis — 1941
Due to general arterio Sclerosis
Due to
Other Conditions Coronary occlusion — 1942

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R.A. Nicholson M. D.
Address 2230 Eutaw Pl Date signed 4/29/42

VS 3

F 91695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F Reg. 91695

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 E. Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 E. Hoffman St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Savage

3 (b) If veteran, name war — — —

3 (c) Social Security No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph Savage
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	8	17		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Flaherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Lynch
15. Birthplace Ireland

16 (a) Informant Mrs John Kafka
(b) Address 1822 N. Washington st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director John J. Morgan
(b) Address 3000 E. Baltimore st

APR 29 1942 (Local Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1942, at 2.20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inspection + autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Hyp for tension Cardio - vascular
Due to Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence / / at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner
Date signed 4/26/42

F 91696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91696 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1116 Proctor St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1116 Proctor St. (If rural give location)

10-4

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Italy

3 (a) FULL NAME SERAFINA CATANESE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband xxxxx Calogero Catanese

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 2nd 1892

8. AGE: Years 50 | Months 1 | Days 25 | If less than one day: hr. min

9. Birthplace Calascibetta Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER

12. Name Pietro Bonanno

13. Birthplace Italy

MOTHER

14. Maiden Name Maria Termini

15. Birthplace Italy

16 (a) Informant Calogero Catanese (Husband)

(b) Address 1116 Proctor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29/42 (month) (day) (year)

(c) Cemetery or crematory St. Vincent Cem.

Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Morley St.

APR 28 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 3. a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to April 27 1942 and that I last saw her alive on April 25 1942

Immediate cause of death: Bronko Pneumonia — Duration

Due to Hypertension

Due to Cardio Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Manuel Sodaro M. D.

Address 462 E York Road Date signed 4-28-42

F 91697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: 33 S. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Wallenhorst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Amelia Ellis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 26, 1867

8. AGE: Years: 74 | Months: 10 | Days: 1 | If less than one day: hr. min.

9. Birthplace: New York (town, county, and state)

10. Usual Occupation: Retired Packer

11. Industry or business

FATHER
12. Name: Bernard Wallenhorst
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mrs Bertha Billingsley
(b) Address: 33 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Old Frederick Rd.

18 (a) Funeral director: John J. Conway
(b) Address: 909 Collins St.

APR 28 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 11.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1942 to Apr 27 1942, and that I last saw him alive on Apr. 20 1942.

Immediate cause of death: Bronchiectasis — Duration: One month

Due to

Due to

Other Conditions: Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John B Barnes M. D.
Address: 2 W. Read St Date signed: 4-26-42

VS 3

F 91698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

F 91698 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford Co.
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Bond St. (If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3 (a) FULL NAME O'Hara (South F. 47127)

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15,1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Edward O'Hara
13. Birthplace Rhode Island

MOTHER
14. Maiden Name Louise Harkins
15. Birthplace Maryland

16 (a) Informant Louise O'Hara
(b) Address 111 S. Bond St. Belair, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL
Location Commissioner of Health APR 27, 1942

18 (a) Funeral director For H. A. Meers
(b) Address

19 APR 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1942 at 9:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to April 16 1942 and that I last saw h er alive on April 16 1942.

Immediate cause of death Atelectasis of Both Lungs — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Postman M. D.
Address Johns Hopkins Hospital Date signed 4/20/42

VS 3

054

F 91699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91699 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Green Sts

(c) Hospital or institution: Univ. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2623 Hampden Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Daniel Shea

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Ellen A Shea

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 3 - 1868

8. AGE: Years	Months	Days	If less than one day
74	-	25	hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business City Employee

FATHER

12. Name John Shea

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Burk

15. Birthplace Ireland

16 (a) Informant Gertrude Shea

(b) Address 2623 Hampden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)

(c) Cemetery or crematory St Josephs Cem

Location Texas, Maryland

18 (a) Funeral director Chas. F. Evans & Son

(b) Address 2623 Hampden Ave

APR 29 1942 (Date received by registrar) (b) Huntington W. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/1942 at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24/1942 to 4/28/1942, and that I last saw him alive on 4/28/1942.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George O. Ulrich M. D.

Address Date signed

Huntington W. Registrar, M.D.

F 91700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. F 91700

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3617 Wabash Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (or foreign country)
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3617 Wabash Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Lang
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife John Lang
6 (c) If alive, give age D. years
7. Birth date of deceased (mo., day, yr.) Jan. 28. 1879
8. AGE: Years 63. Months 2. Days 29 28 If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business "

FATHER
12. Name John Leonhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Cornelia Glaisdel
15. Birthplace Maryland

16 (a) Informant Mrs. E. F. Lang
(b) Address 3617 Wabash Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Maryland
18 (a) Funeral director F. B. Shipley & Son
(b) Address 1300 Eutaw Place
19 (a) [illegible] Huntington Williams, M.D.
(b) Address 1724 W Lombard St

APR 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1941, to April 26 1942, and that I last saw h.e. alive on April 26 1942

Immediate cause of death Carcinoma of Bladder — Duration 8 mos.
Due to — Duration none
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Sept 1941
Major findings of operation: Carcinoma of Bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagmeth
Address 1724 W Lombard St Date signed 4/27/42 M. D.

F 91701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91701 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 332 Catoa & Wilkens Ave

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)

(d) Street No. 1332 Poplar Drive (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Edna (M) Stollenmaier (Edna M. Stollenmaier)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William H.

6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1892

8. AGE: Years 50 | Months — | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Thomas E. Hakeman

13. Birthplace Baltimore Maryland

MOTHER 14. Maiden Name Mary F. Stines

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Otto J. Feiler

(b) Address 1332 Poplar Ave - Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Maryland

18 (a) Funeral director H. B. Wilpert & Son

(b) Address 130 Eutaw Place

19 (a) Huntington Williams, M.D.

APR 28 19[illegible] (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942, at 4 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942, to April 26 1942, and that I last saw her alive on April 26 1942.

Immediate cause of death Multiple embolae (cebral, splenic &c)

Due to Endocardial thrombosis

Due to

Other Conditions Diabetes mellitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Arthur Rossberg, M.D.

Address St. Agnes Hosp. Date signed 4/26/42

VS 3

F 91702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 9170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 N. Howard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Howard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank V Roden

3 (b) If veteran, name war

3 (c) Social Security Account No. 127-10-9545

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Sept 23-1886

8. AGE: Years	Months	Days	If less than one day
55	7	45	___ hr. ___ min.

9. Birthplace New York City N.Y.
(Town, county, and state)

10. Usual Occupation Asbestos Coverer

11. Industry or business

FATHER
12. Name Patrick Roden
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Bennett
15. Birthplace Ireland

16 (a) Informant Thomas F. Farley
(b) Address 44-13-30th Ave New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-42 (month) (day) (year)
(c) Cemetery or crematory Calvary Cem.
Location New York N.Y.

18 (a) Funeral director Leesworth Amatoast
(b) Address 3911 Liberty Heights Ave Thurlington Williams, Md

19 (a) APR 28 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 6 35 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or inquest) (Autopsy or inquest)

Immediate cause of death	Duration
Lobar pneumonia right upper lobe	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: April 28 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 28 1942

VS 6

F 91703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-c Registered No. 91703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holabird Avenue
(c) Hospital or institution: Camp Holabird
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Hillsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Private Ray Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 25 1909

8. AGE: Years	Months	Days	If less than one day
32	6	2	hr. min.

9. Birthplace Hillsville, Va. (Town, county, and state)

10. Usual Occupation U.S. army

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Laura Hicks

15. Birthplace Unknown

16 (a) Informant Serg. Gibson.

(b) Address Camp Holabird

17 (a) Burial (b) Date thereof 4/28/42 (month) (day) (year)

(c) Cemetery or crematory Westlawn Hillsville, Va

Location

18 (a) Funeral director W. B. Bendley

(b) Address Jarvis St. Hartsville

19 (a) APR 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1942, at 12 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry and investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry and investigation find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Gunshot wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence April 27th 1942 at 12 05 PM
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Open field (Specify type of place) While at work? yes
(e) Means of injury Army Rifle.

23. Signature Robert De Graham M.D. Medical Examiner.
Date signed April 28 1942

VS 6

F 91704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 91704

Registered No.

I.S. (19255)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1130 E. Lombard St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Updegraf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Samuel (dead)

13. Birthplace Maryland

MOTHER 14. Maiden Name Isabel Mitchell (dead)

15. Birthplace Maryland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)

(c) Cemetery or crematory Loved Hearts Home

Location Harford Road & Belair Rd.

18 (a) Funeral director John Foley & Son

(b) Address 131 E. Lombard St.

19 (a) (b) Hunter H. Williams, M.D.

APR 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1942 at 9 09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1942 to 4-22 1942 and that I last saw h Lem. alive on 4-22 1942

Immediate cause of death ? Cerebral thrombosis — Duration 1 day

Due to Senil arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Edward K. Rathbun M. D.

Address Balto. City Hosp Date signed 4-28-42

F 91705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91705 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. See that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Vincent Espin 71813

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Filipino	widowed

6 (b) Name of husband or wife May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1892

8. AGE: Years	Months	Days	If less than one day
49	7	1	hr. min.

9. Birthplace Phillipine Is. (Town, county, and state)
10. Usual Occupation cook
11. Industry or business

FATHER
12. Name Gerrio
13. Birthplace P. Is.

MOTHER
14. Maiden Name Assian
15. Birthplace P. IS.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (Month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Sherman Hill Rd-Balto Co Md

18 (a) Funeral director John J. Forbes Sons
(b) Address 1318 E. Lexington St

19 (a) APR 28 1942 Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1942, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1942 to Apr. 19 1942, and that I last saw him alive on Apr. 19 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Ritchie M. D.
Address Balto City Hosp Date signed 4-25-42

VS 8

F 91706 1945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-C

Registered No. F 91706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Abingdon (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William D. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife ANNE
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 2-21-13

8. AGE: Years	Months	Days	If less than one day
29	2	6	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation Commissioner of Revenue
11. Industry or business

FATHER
12. Name George Miller
13. Birthplace PA.

MOTHER
14. Maiden Name Myrtle Buckley
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/42 (month) (day) (year)
(c) Cemetery or crematory
Location Abingdon - Va

18 (a) Funeral director Geo. M. Smith & Son
(b) Address 811 N. W. Ave. N

19 (a) Huntington Williams, M.D. Registrar

APR 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1942, at 915 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1942, to Apr 27 1942, and that I last saw him alive on Apr 27 1942.

Immediate cause of death	Duration
Intracranial Pressure	
Due to Metastasis to Brain & Chest (Lungs)	
Due to Seminoma of left testicle	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4-13-42
Major findings of operation: Orchotomy Seminoma left Testicle
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey P. Dear M.D.
Address Johns Hopkins Hosp. Date signed 4-27-42

F 91707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

Registered No. F 91707

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 Caire ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 794 W Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Massuria Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Saloon
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Charlot Harris
15. Birthplace Middlesex Co. Va.

16 (a) Informant Massuria Smith
(b) Address 794 W. Mulberry st

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md.

18 (a) Funeral director Chas H Eberhardt
(b) Address 927 N. Mount st

APR 28 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 7 25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Cardiac dilatation	Duration
Due to	syphilitic aortitis	
Due to		
Other Conditions	Large aneurysm of aorta	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: April 28 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed April 28 1942

VS 6

91708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 91708

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6301 Marietta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Scheidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Scheidt

6 (c) If dead, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1894

8. AGE: Years 47 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Arthur Wakefield
13. Birthplace Georgia

MOTHER
14. Maiden Name Lillian Robb
15. Birthplace Pennsylvania

16 (a) Informant Patient
(b) Address

17 (a) Fund (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Mountain Rest
Location Balto Md

18 (a) Funeral director Mulhern & Ford
(b) Address 1217 E Fort Ave

19 (a) [illegible] (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/42 19 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/42 19 to 4/27/42 19, and that I last saw her alive on 4/27/42 19.

Immediate cause of death Hypertensive cardiovascular renal disease

Duration: Between onset and death 4 yrs

Due to Hypertensive cardiovascular renal disease

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Ritchey M. D.
Address Church Home & Inf. Date signed 4/27/42

VS 3

F 91709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 91709

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 713 E. Fort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES E. J. DALTON

3 (b) If veteran, name war W
3 (c) Social Security Account No. None
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Margaret Dorothy Dalton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 12, 1863
8. AGE: Years 78 | Months 10 | Days 15 | If less than one day hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business City of Balto.

FATHER
12. Name Edward Dalton
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Margaret Daugherty
15. Birthplace Balto., Md.

16 (a) Informant Margaret D. Dalton
(b) Address 113 N. Grant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. Cook
(b) Address 1212 St. Paul St.

19 (a) APR 28 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 7:05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Date signed 4-27-42 Medical Examiner.

VS 4

F 31710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 31710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST L. HARNER

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 1184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna M. Harner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 1882

8. AGE: Years	Months	Days	If less than one day
60	0	7	hr. min.

9. Birthplace Frederick C, Md. (Town, county, and state)

10. Usual Occupation Broker

11. Industry or business Real Estate

FATHER
12. Name Charles Harner
13. Birthplace Unknown

MOTHER
14. Maiden Name Amelia Bettis
15. Birthplace Unknown

16 (a) Informant Anna M. Harner
(b) Address 210 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Balto. Md.

18 (a) Funeral director Geo. Cook
(b) Address 1217 St. Paul St.

19 (a) APR 28 1942 Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Date signed 4-28-42 Medical Examiner.

F 91711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H

F 91711 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT OWEN SULLIVAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-4693

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband or wife~~ Bernadette Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1904

8. AGE: Years	Months	Days	If less than one day
37	11	25	hr. min.

9. Birthplace Bath Amboy N. J. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Bethlehem-Fairfield Shipyards

FATHER
12. Name Andrew A. Sullivan
13. Birthplace Gordon Pa

MOTHER
14. Maiden Name Peggy Conroy
15. Birthplace Ashland Pa

16 (a) Informant Bernadette Sullivan
(b) Address 2609 Md Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cath
Location Baltimore Md

18 (a) Funeral director Williams & Co
(b) Address 1217 E Pratt St

19 (a) APR 28 1942 Huntington Williams M.D.
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942, at 5:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — Duration
Due to — Duration
Due to — Duration
Other Conditions no — Duration
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 27, 1942 at M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Kitchen gas stove

23. Signature H. Z. Walker Jr. M.D.
Medical Examiner.
Date signed 4-27-42

VS 6

F 91712 Dr. Milan 682 Washington Blvd Sur 10 6 Th F 91712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Deckert 215-16-7251

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or~~ wife Clara B Deckert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11th 1870

8. AGE: Years 72 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Produce Dealer

FATHER 12. Name August Deckert

13. Birthplace Unknown

MOTHER 14. Maiden Name Mary Finck

15. Birthplace Germany

16 (a) Informant Clara B Deckert

(b) Address 630 Washington Blvd

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 4/29/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Parkville Md.

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St

19 (a) APR 28 1942 (Date rec'd by Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1942, at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24 1942 to Apr 26 1942 and that I last saw h~~im~~er alive on Apr 25 1942

Immediate cause of death Coronary Vascular Disease — Duration 1942

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Milan M. D.
Address 682 Wash Blvd Date signed 4-27-42

VS 2

F 91713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145

Registered No. F 91713

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write R.D. and give town)
(d) Street No. 1518 Linton Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Lewis

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1918

8. AGE: Years	Months	Days	If less than one day
23	10	25	hr. min.

9. Birthplace Wood, N.C. (Town, county, and state)
10. Usual Occupation Sales
11. Industry or business Herman Goat Pkg Co

FATHER
12. Name Charles Lewis
13. Birthplace N C

MOTHER
14. Maiden Name Ola Shearer
15. Birthplace N C

16 (a) Informant N D Hales
(b) Address 1518 Linton Place

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Wood
Location Wood N C

18 (a) Funeral director Wood
(b) Address 1217 E Pond St

19 (a) APR 28 1942 Huntington Williams, M.D. Registrar
APR 29 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 8:50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Massive pulmonary atelectasis, bilateral	
Due to Anesthesia	
Due to 2nd stage of labor	
Other Conditions Pregnancy 7 mos. foetus. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: April 28 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 28 1942

F 91714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 + F 91714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Hampstead (If outside city or town limits, write RURAL and give town)
(d) Street No. X (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Davidson (Birth F 4842)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/22/42

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Chas H Davidson
13. Birthplace Maryland

MOTHER 14. Maiden Name Carolyn V Barton
15. Birthplace Maryland

16 (a) Informant Chas H Davidson
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29/42 (month) (day) (year)
(c) Cemetery or crematory Wesley
Location Carroll Co

18 (a) Funeral director Edw Shipley
(b) Address Hampstead Md

19 (a) Apr 29 1942 (Signature of Registrar) (b) Huntington Md

MEDICAL CERTIFICATION

28. DATE OF DEATH 4/28/42 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/1942 to 4/28 1942
and that I last saw him alive on 4/28 1942

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Birth Trauma	
Due to	
Other Conditions Dyspnea Simplex	5 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address University Hosp Baltimore Md. Date signed 4/28/42

VS 2

F 91715 T.F 70259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 91715 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Youngbauer 730 E. Pratt St

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9519

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Amy Youngbauer
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1906

8. AGE: Years 35 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business American Car Co

FATHER
12. Name John Youngbauer
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Neubauer
15. Birthplace Germany

16 (a) Informant Baltimore City Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto Md

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) APR 29 1942 (b) Livingston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1942, to 4/24 1942, and that I last saw h(im) alive on 4/24 1942.

Immediate cause of death Pulmonary TB — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Livingston Williams M. D.
Address Baltimore City Hospitals Date signed 4/27/42

VS 1

Cook - Mauer Lot

F 91716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

Registered No. F 91716

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 237 Elmora Ave. (Parents)
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Cook (Birth F-47539)

3 (b) If veteran, name war Baby

3 (c) Social Security Account No. Baby

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Baby

6 (b) Name of husband or wife Baby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 8 1942

8. AGE: Years	Months	Days	If less than one day
0	0	20	hr. min.

9. Birthplace Union Mem. Hosp. Baltimore, Md
(Town, county, and state)

10. Usual Occupation Baby Mitzel

11. Industry or business

FATHER
12. Name Mr John William Cook
13. Birthplace ?

MOTHER
14. Maiden Name [redacted] Virginia
15. Birthplace Baltimore, Md.

16 (a) Informant John William Cook
(b) Address 3738 Elmora Ave, city

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/30/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1207 St Paul st

19 (a) (Date rec'd by registrar) (b) Registrar
APR 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942, to April 29 1942, and that I last saw living alive on April 29 1942.

Immediate cause of death

Congenital Heart disease
Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
20 hrs
20 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. J. Grogan M.D.
Address Mauer Mem. Hosp Date signed 4/28/42

F 91717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

F 91717 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 108 S. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALEXANDER J. ANDREADKAIS

3 (b) If veteran, name war	3 (c) Social Security Account No.		
None	None		
4. Sex	**5. Color or race**	**6 (a) Single, married, widowed, or divorced**	
M	W	Single	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1925

8. AGE: Years	Months	Days	If less than one day
17	0	26	hr. min.

9. Birthplace Bethelem Pennsylvania (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name John Andreadkais
13. Birthplace Greece

MOTHER
14. Maiden Name Agnes Michalakis
15. Birthplace Greece.

16 (a) Informant John Andreadkais
(b) Address 108 South Ellwood Ave

17 (a) Woodlawn (Burial, cremation, or removal) (b) Date thereof April 29, 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Balto Co
Location Woodlawn

18 (a) Funeral director J. Francis Reese
(b) Address Westminster Md

19 (a) (Date rec'd by registrar) (b) Registrar

April 29 1942 Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 6 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 25, 1942 9 P M
(c) Where did injury occur? Harford Rd Balto Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury pedestrian struck by auto

23. Signature W. F. Willemain M.D.
Date signed 4-27-42 Medical Examiner.

F 91718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 91718 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3642 Malden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Malden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leanna Grimes.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: John E. Grimes
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1874
8. AGE: Years 67 Months 8 Days 11 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Parish Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Leishear
15. Birthplace Md.

16 (a) Informant John E. Grimes.
(b) Address 3642 Malden Ave.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Apl 29/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Ehrenfeld & Sonovan
(b) Address 3615-17 Chestnut Ave.

19 APR 29 1942 (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1942 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to April 26 1942 and that I last saw her alive on April 26 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 da.
Due to: Hypertension Cardiovascular Renal
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lavonne J. Shumaker M. D.
Address 3711 Falls Rd Date signed 4-28-42

VS 3

SHAMINOR

F 91719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 91719

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam Philipio 72200 Samphilipio

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1899

8. AGE: Years 43 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Michael Philipio
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Italy

16 (a) Informant hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Joseph Forace Inc
(b) Address 2013 Greenmount Ave

19 (a) Date received (Registrar) APR 29 1942 (b) Registrar's signature Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 27 1942 at 10:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 2 1942 to Apr. 27 1942, and that I last saw him alive on Apr. 27 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Segesberg M. D.
Address Bay View Hospital Date signed 4/29/42

F 91720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-E

F 91720 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Bradshaw (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Okey O. Shortridge

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 193-[illegible]2-5887

4. Sex: MALE | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Shortridge

6 (c) If alive, give age: 18 years

7. Birth date of deceased (mo., day, yr.): May 21- 1913

8. AGE: Years 29 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: Jattsville W. Va (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Cummings Construction Co

FATHER
12. Name: Jessie B. Shortridge
13. Birthplace: Pike County Ky

MOTHER
14. Maiden Name: Bessie B. Denny
15. Birthplace: Richwood W. Va

16 (a) Informant: Jessie B. Shortridge
(b) Address: Bradshaw Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 29-1942 (month) (day) (year)

(c) Cemetery or crematory
Location: Rose Berte W. Va

18 (a) Funeral director: Roth & B. M. Walter
(b) Address: Pratt & Sticker Sts

19 (a) (Date rec'd by registrar) (b) Registrar

APR 29 1942

VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 9 17 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest and Investigation (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Contusion of skull fractures of skull

Due to: blow on skull by tree trunk

Due to:

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: April 22 1942 at M
(c) Where did injury occur? Edgewood (City or town) Arsenal (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In Woods (Specify type of place) While at work? yes
(e) Means of injury: hit by tree trunk

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed: April 28 1942

F 91721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 184

F 91721 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 3049 Strickland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KARL WILLMS

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 212-03-9211

4. Sex: MALE

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Amelia WILLMS

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) JULY 29-1878

8. AGE: Years 63 | Months 8 | Days 278 | If less than one day: hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation

11. Industry or business NONE

FATHER
12. Name KARL WILLMS
13. Birthplace GERMANY

MOTHER
14. Maiden Name KATHERINE —
15. Birthplace GERMANY

16 (a) Informant AMELIA WILLMS
(b) Address 3049 Strickland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APRIL 29-1947 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Roth & B. M. Walter
(b) Address Roth & Stricker Sts

19 (d) APR 29 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1947 at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Bullet wound of head	
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident or 70 yrs
(b) Date of occurrence April 26, 1947 7:30 PM
(c) Where did injury occur? alone outdoors — Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house While at work? (Specify type of place)
(e) Means of injury Rifle discharged

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 4-27-47

V8 6

M. D. B. 1200-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91722

CERTIFICATE OF DEATH

✓61 F 91722

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 E Fort ave. St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ...

2. FULL NAME Jeremiah E Donovan

(a) Residence: No. 1406 E. Fort ave St., Ward 8. 212-01-5043

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Claire O'Donovan

6. DATE OF BIRTH (month, day, year) Aug. 14, 1889

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Sugar Refg Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Jeremiah O'Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hayes.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sarah O'Donovan

(Address) 1406 E. Fort ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date April 30 19 42

19. UNDERTAKER Maurice J. Filynn

(Address) 1422 Eastern Ave

20. APR 29 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 42

22. I HEREBY CERTIFY, That I attended deceased from March 15 19 42 to April 27 19 42

I last saw h[illegible] alive on April 27 19 42 Death is said to have occurred on the date stated above, at 1300 p. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Embolism	
Myocarditis (unspecified)	6 wks
Diabetes Mellitus	6 mos
Hypertension Arteriosclerosis	
Other contributory causes of importance: Chronic Intestinal Nephritis	6 mos

Name of operation None. Date of

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. A. Thorne M.D.

(Address) 2878 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. 3

F 91723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 91723 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Russell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Russell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank E Brendel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	216-07-9928	Male	White	Widower

6 (b) Name of husband or wife Mary Brendel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4th. 1879

8. AGE: Years	Months	Days	If less than one day
62	7	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Flint Worker
11. Industry or business Callahan Laboratory

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Augusta Spellerberg
(b) Address 1015 Russell St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 1st. 1942 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location

18 (a) Funeral director E. Schloman & Son
(b) Address 1039 Hanover St.

19 APR 29 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-42 19 at 2 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941, to 4-28 1942, and that I last saw him alive on 4/28 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 1 da.
Due to: Generalized Arteriosclerosis — 14 Mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph H. Laukaitis
Address 676 W Washington Date signed 4/29/42

VS 3

F 91724

F 91724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Bush St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine M. Denis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theo. F. Denis

7. Birth date of deceased (mo., day, yr.) April 14, 1891

8. AGE: Years 51 | Months - | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Bernard F Wagemper
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Wilhelmina Faust
15. Birthplace Germany

16 (a) Informant Theodore V. Denis
(b) Address 616 Bush St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Wm J. Pickens & Sons
(b) Address North Ave., Baltimore, Md.

19 APR 29 1942 (Date received by local registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 11 A M

23. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to April 28 1942; and that I last saw [illegible] on April 26 1942

Chronic Endocarditis | 1 hr
Due to Arteriosclerosis & HBP | 4 yrs.
Due to
Other Conditions Diabetes Mellitus
Marasmus (Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Shumaker
Address Mercy Hospital Date signed 4/28/42

VS 8

F 91725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1167

Registered No. F 91725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Bethel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Stanley

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Emma Stanley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1913

8. AGE: Years	Months	Days	If less than one day
29	3	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name George Stanley
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Hughes
15. Birthplace Md.

16 (a) Informant Emma Stanley
(b) Address 114 S. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 30 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1020 Pennsylvania Ave

19 (Date filed by registrar) APR 29 1942 (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-1942, at 12 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Stab wound of chest.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-25-42 at 12.30 P.M
(c) Where did injury occur? Tavern 1622 E. Pratt St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Stabbed with pocketknife
23. Signature Howard J. Brandt M.D.
Medical Examiner.
Date signed 4-26-42

VS 6

MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91726

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give location)
(d) Street No. 316 N Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Separated

6 (b) Name of husband or wife McKinley Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1901

8. AGE: Years	Months	Days	If less than one day
36 37	5	25	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Joe Jordan
13. Birthplace Va.

MOTHER 14. Maiden Name India Keiling
15. Birthplace Va.

16 (a) Informant McKinley Jones
(b) Address 508 North Eden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 APR 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1942, at 12:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration

Other conditions

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Kelbert M.D. Medical Examiner.
Date signed 4/27/42

VS 6

F 91727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

F 91727 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Valley st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Finis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1853

8. AGE: Years	Months	Days	If less than one day
88	9.	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Cuttman
13. Birthplace

MOTHER
14. Maiden Name Frances Sutter
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1700 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Bela Wiedefeld
(b) Address 914 Eutaw Pl

19 APR 29 1942 Huntington Williams, M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 19 42 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 19 42 to 4/28 19 42 and that I last saw h[illegible] alive on 4/28 19 42.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to Fr. of hip	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3/27/42 at 07 M
(c) Where did injury occur? Balto (City or town) (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fall from bed

23. Signature J. R. Dwyer M.D.
M. D.
Address St Agnes Hosp Date signed 4/29/42

VS 3

F 91728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 108

F 91728 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1641 N. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma V. Curtain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife James Curtain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Chaagraan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliza Harrison
15. Birthplace Baltimore

16 (a) Informant Mrs. Florence B. Conrade
(b) Address 1841 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 / 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Apr 30 1942 (Date received by registrar) (b) Huntington Williams, M.D.

APR 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942 to April 29 1942 and that I last saw her alive on April 27 1942.

Immediate cause of death Myocardial Infarction. — Duration 2 days

Due to Pneumonia Lobar — 4 days

Due to Cerebral Hemorrhage — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: not

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. A. Graagnerman, M.D.
Address 9559 Harford Rd Date signed 4/29/42

F 91729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 91729 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1885

8. AGE: Years	Months	Days	If less than one day
57	1	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER
12. Name Alfred Brooks (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Adeline ? (d)
15. Birthplace Maryland

16 (a) Informant daughter
(b) Address 1118 Fremont Ave.

17 (a) Mt Calvary (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pressman St.

APR 29 1942 Harrington Williams, Md. (Date received by registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1942, to 4/28 1942, and that I last saw h.m alive on 4/28 1942.

Immediate cause of death: 1 Carcinoma of lung 2 metastases

Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Same of skin

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgerton M. D.
Address Baltimore City Hospitals Date signed 4/29/42

F 91730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 31730 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Calvert
(c) City or town St. Leonards, Md (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella C. Dowell

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Willie Dowell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1865

8. AGE: Years 76 | Months 8 | Days 14 | Unless than one day hr. min.

9. Birthplace —
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Lambert Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Ella ?
15. Birthplace Md

16 (a) Informant Mrs Nellie Jackson
(b) Address 627 N. Atlantic, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1942 (day) (year)

(c) Cemetery or crematory Middletown Chapel
Location Luby - Calvert Co. Md

18 (a) Funeral director J. A. Hankins & Son
(b) Address Mutual, Md.

19 APR 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1942, at P A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to 4/28 1942, and that I last saw her alive on 4/28 1942.

Immediate cause of death: Myocarditis
Due to: Cardiac Fibrillation
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 2 yrs 1 mo.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel O'Connor M. D.
Address 1945 N. Gilmor St. Date signed 4/29/42

VS 8

F 91731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 91731 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Res. Resident + Medicine
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 1001 Oliver (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine M. Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Raymond Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1903

8. AGE: Years	Months	Days	If less than one day
38	7		hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert Fleischmann
13. Birthplace Balto

MOTHER
14. Maiden Name Ossie C Gray
15. Birthplace Balto

16 (a) Informant Raymond E Baker
(b) Address 1001 Oliver St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 1 '42 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Balto Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 APR 29 1942 Huntington Williams MD
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 10:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1942, to Apr. 28 1942, and that I last saw h.e.a. alive on Apr. 28 1942.

Immediate cause of death Carcinoma of lung (Metastatic) — Duration

Due to Carcinoma st. breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma st. breast.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Coffman
Address Md. General Hosp Date signed 4/28/42

F 91732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 91732

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 N. Durham St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Anna R. Frock

3 (b) If veteran, name war: na
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1864

8. AGE: Years	Months	Days	If less than one day
78		27	hr. min.

9. Birthplace Baltimore County (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Frock
13. Birthplace Balto. County, Md

MOTHER
14. Maiden Name Elizabeth Frock
15. Birthplace Balto. County, Md

16 (a) Informant Mary E. Stein
(b) Address 2018 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 1 / 42 (month) (day) (year)
(c) Cemetery or crematory Sater's Cemetery
Location Falls Road, Baltimore County, Md

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

MAY 28 1942 (Date received by local registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 11:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 6 1942 to April 28 1942 and that I last saw him alive on April 28th 1942

Immediate cause of death	Duration
Myocardial Insufficiency	2 years
Cerebral Arteriosclerosis	
Chronic Interstitial Nephritis	
Due to	
Other Conditions Cardiac Dilatation and Leucorrhea	2 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 1925 E. Lafayette Ave Date signed 5/29/42

F 91733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862

F 91733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E. Churchill St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM A. WORTHEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced? Married

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) April 7, 1862

8. AGE: Years 80 | Months | Days 19 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Retired Boiler Maker

11. Industry or business B & O

FATHER 12. Name Wm. Worthen

13. Birthplace

MOTHER 14. Maiden Name Virginia Sambroff

15. Birthplace

16 (a) Informant Mrs Amelia Worthen

(b) Address 111 E. Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director A. William McMarech

(b) Address 715 Light St

Filed (Date) (b) Huntington Williams M.D.

APR 29 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1942 at 7 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobular — Duration

Due to: Fracture of right femur

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 14, 1942 at — M
(c) Where did injury occur? home address (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fall on street in front of home

23. Signature H. L. Wollenweber M.D.
Date signed 4-27-42 Medical Examiner.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91734 ?

BALTIMORE CITY HEALTH DEPARTMENT ✓ 83-a F 91734

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2539 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mary E. Hardy
3 (b) If veteran, name war
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife: Late Charles C. Hardy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-65

8. AGE: Years	Months	Days	If less than one day
76	4	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Lenty
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Shipley
15. Birthplace Baltimore Md

16 (a) Informant Arthur L. Hardy
(b) Address 2539 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Harry T. Witzke
(b) Address 4101 E. Lombard Ave

APR 29 19[illegible] (Date rec'd by registrar)
(d) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942, at 5 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratacap M.D. Medical Examiner.
Date signed April 28 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91735 Shawver

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91735

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Mt Henry Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Mt Henry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther W. Shawver

3 (b) If veteran, name war –

3 (c) Social Security Account No. 218-01-7866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lottie F. Shawver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25 – 1893

8. AGE: Years	Months	Days	If less than one day
49	–	3	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John S Shawver
13. Birthplace Virginia

MOTHER
14. Maiden Name Priscilla Rubble
15. Birthplace Virginia

16 (a) Informant Lottie F. Shawver
(b) Address 1903 Mt Henry Stree

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 49 (day) (year)
(c) Cemetery or crematory Loudon Park
Location Harry A. Wilhelm

18 (a) Funeral director H. O. Bodenhorn Sons
(b) Address

19 (a) APR 29 1949 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28- 1949, at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquest on (Autopsy or Inquiry) and from the evidence obtained by Autopsy - Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration

Due to Chronic Hypertensive Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haldeman M.D.
Medical Examiner.
Date signed 4-29-49

VS 4

91736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. 91738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 539 W. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 W. Hoffman St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMOS A WARREN, JR. (Birth-F 49339)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	BLACK	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 25, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	0	3 hr. 20 min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name AMOS WARREN
13. Birthplace BARCLAY, VA.

MOTHER
14. Maiden Name Mildred DARLEY
15. Birthplace BALTIMORE MD.

16 (a) Informant MILDRED WARREN
(b) Address 539 N. Hoffman St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral dir. Commissioner of Health
(b) Address

APR 29 1942 (Date rec'd by registrar) (b) Hunting for Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1942, to Apr 25 1942, and that I last saw him alive on Apr 25, 1942.

Immediate cause of death
Atelectasis
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Miller, M. D.
Address University Hosp. Date signed 4/27/42

* Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

9062

F 91737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 91737

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where any item is unknown, so state. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. 61
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William M Grafton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Relative 1st Aberdeen

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)

(c) Cemetery or crematory Old Baptist

Location Jarrettsville Harford Co Md

18 (a) Funeral director Henry Downing Sons

(b) Address Aberdeen Md

19 APR 29 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942, to April 29 1942, and that I last saw h alive on April 29 1942.

Immediate cause of death Carcinoma of the stomach & generalized metastasis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/28/42

Major findings of operation: Cancer of stomach & extensive metastasis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. M. Mace M. D.

Address St. Agnes Hosp Date signed 4/29/42

VS 3

F 91738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91738
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 Ravenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Ravenwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella R. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Raymond W.
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	15	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thos. Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Gibbons
15. Birthplace Ireland

16 (a) Informant Nellie Lewis
(b) Address 3323 Ravenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Maurice J. Flynn
Address 1217 W. Fayette St

APR 29 1942

19 (a) (Date rec'd by registrar) Hunter Jon Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1942, to 4-27 1942, and that I last saw h[illegible] alive on 4-27 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph C. Flynn M.D.
Address 423 E. North Ave Date signed 4/29/42

VS 8

91739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 91739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Norwood Avenue (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No) If yes, name country -------

3 (a) FULL NAME Mrs. Mary Coolahan (Mary Cecelia Coolahan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward L. Coolahan

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1869

8. AGE: Years 72 | Months 4 | Days 1 | If less than one day: -- hr. -- min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: -----

FATHER
12. Name: Joseph A. Rohr
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Mary Jane Kennedy
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Edward L. Coolahan
(b) Address: 5114 Norwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: Wm. W. Mears & Son
(b) Address: 805 N. Calvert Street

19 (a) APR 29 19[illegible] (Date rec'd by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to April 28 1942, and that I last saw her alive on April 28 1942.

Immediate cause of death: Congestive Heart Failure — Duration: 3-4 hours

Due to: Arteriosclerotic Cardio-vascular Renal Disease — Duration: ?

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None performed

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuesting M.D.
Address: Bon Secours Hospital Date signed: 4-29-42

F 91740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write correct age in years, months, days. If less than one day, hours or minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 Cedarcroft Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Cedarcroft Road (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Flack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret C. Yeakel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1884

8. AGE: Years	Months	Days	If less than one day
57	8	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business Retail Meat Business

FATHER
12. Name Frank M. Flack
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ora Hall
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Margaret C. Flack
(b) Address 300 Cedarcroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Henry W. Mears & Son
(b) Address 805 N. Calvert St.

19 (c) APR 29 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Nelson M.D.
Medical Examiner.
Date signed 4/29/42

91741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a

Registered No. W 91741

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo9da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo9da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Worcester
(c) City or town Newark
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE RAY GRIFFIN

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1887

8. AGE: Years 54 | Months 7 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Newark, Maryland
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name James C. Griffin
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Smack
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Riverview Maryland

18 (a) Funeral director S. Walter Mary
(b) Address 619 N. Bouldin St.

19 (a) APR 29 1942 (Date rec'd by registrar) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1942 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1942 to April 29 1942, and that I last saw him alive on April 29, 1942

Immediate cause of death: Cerebral thrombosis — Duration: 2 mo.

Due to

Due to

Other Conditions: Prostatic hypertrophy Unk.

(Include pregnancy within 3 months of death)

Date of operation 3/11/42

Major findings of operation: Suprapubic-cystotomy

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. as above.
Address US Marine Hospital Baltimore, Maryland. Date signed 4/29/42 M. D.

91742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91742

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. 600 Chapel Gate Lane 4th 5-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Joseph Fowler

If U. S. Veteran specify WAR _____

(a) Residence: No. 3905 Belle Ave St.; _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
87.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary Crist Sanford (Address) 600 Chapel Gate Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date 4/29/42 19

19. UNDERTAKER W. W. Deal (Address) 46-12 Massachusetts Ave N.W.

20. FILED APR 29 1942 Registrar for Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1942 to April 29, 1942

I last saw him alive on April 28, 1942. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Generalized Arteriosclerosis	1850?
Arteriosclerotic myocarditis	1925?
Senile dementia	1941
Malnutrition	1941

Other contributory causes of importance:

Decubitus ulcers	March 1942
Arthritis deformans	Many yrs.

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) L. Earl Pace M. D.

(Address) 4001 Wilhelm Ave

Information should be carefully supplied. AGE should be given in every case. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

91743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. F 91743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Underlining correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 - Greenmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Darryl Joseph Stevens (Perry Stevens)
3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Delia Donelan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/26/1896

8. AGE: Years	Months	Days	If less than one day
45	9	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business U. S. Coast Guard

FATHER
12. Name Wm. L. Stevens
13. Birthplace New York

MOTHER
14. Maiden Name Emma (Byrnes)
15. Birthplace Ireland

16 (a) Informant Mrs. Delia Stevens
(b) Address 1316 - Greenmount Ave

17 (a) Burial Date (b) Date thereof 5/4/42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1728 Washington Blvd

APR 29 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Cause	Duration
Immediate cause of death Shock	
Due to internal hemorrhage	
Due to [redacted] fracture 7th rib Comminuted fracture of leg	
Other Conditions Rupture of Spleen	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: April 28 1942

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 26 1942 M
(c) Where did injury occur Baltimore (City or town) County Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No (Specify type of place)
(e) Means of injury automobile accident

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 28 1942

VS 6

Kendall 26

91744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-3 Registered No. F 91744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 Hope Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ##### 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Alvarado Square (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Schneider

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Julius Schneider

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1879

8. AGE: Years 63 Months 1 Days 8 If less than one day ##########

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Slater
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Moon
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Elizabeth Scales (Daughter)
(b) Address 2908 Alvardo Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Avenue Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

APR 29 [illegible] Huntington Williams, Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to April 28 1942 and that I last saw h[illegible] alive on April 27 1942

Immediate cause of death Cardiac Insufficiency — Duration [illegible]
Due to Arteriosclerosis
Due to
Other Conditions An Bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Epstein
Address 1761 E North Ave Date signed 4/29/42

VS 3

F 91745 45921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 91745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10 5
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 E. Hoffman St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Alloysius Wolf 1100 E. Hoffman St.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, divorced~~
M	W	Married

6 (b) Name of husband or wife Mary A. Wolf
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1855

8. AGE: Years	Months	Days	If less than one day
86	6	20	— hr. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension.
11. Industry or business Retired Road Worker

FATHER
12. Name John Paul Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ann ?
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Ruth Inc.
(b) Address 2300 Huntingdon Ave

19 (a) APR 29 [illegible] (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1939 to 4-29 1942 and that I last saw him alive on 4-28 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Hypertension & C-V Disease — ?
Due to
Other Conditions Old Fracture of Hip — 2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Stott M. D.
Address Balto City Hosp. Date signed 4-28-42

F 91746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 677 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 677 George St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Humphries

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Married

6 (b) Name of husband or wife Tishie

6 (c) If alive, give age 39 years

7. Date of birth (month, day, year) 5-7-1907

8. Age	Years	Months	Days	If less than one day
	34	11	19	hr. min.

9. Birthplace Gaffney S. C. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name W. C. Camp
13. Birthplace S. C.

MOTHER
14. Maiden Name Bettie Humphries
15. Birthplace S. C.

16 (a) Informant Tishie Humphries
(b) Address S. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-42 (month) (day) (year)

(c) Cemetery or crematory Douglas Mem Gdns
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) Huntington Williams (Date rec'd by registrar) APR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 17 1942 to April 28 1942 and that I last saw h alive on April 28 1942

Immediate cause of death Uraemia Duration 2 days

Due to

Due to

Other Conditions Diabetes Mellitus 3 mo

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1917 Druid Pl Date signed 4-29-42

Md. 7060

F 91747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 91747 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 543 W. Lafayette ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 543 W. Lafayette ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Pitts.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-1885

8. AGE: Years	Months	Days	If less than one day
56	8	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Director

11. Industry or business

FATHER 12. Name John Pitts

13. Birthplace Va

MOTHER 14. Maiden Name Lottie ?

15. Birthplace Va

16 (a) Informant Ida Pitts

(b) Address 543 W. Lafayette ave

17 (a) Burial (b) Date thereof 5-2-42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) Registered APR 30 1942 Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 10 32 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1942 to Apr 28 1942 and that I last saw him alive on Apr 27 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	6 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature H. White M.D.

Address 723 St George Date signed 4/29/42

F 91748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20

F 91748

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette Ave. & Loh St.

(c) Hospital or institution: Hospital for the Women of Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 days

(e) Length of stay in Baltimore (yrs., mos., or days) 31

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street address 4411 Liberty Heights Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Mrs. Cora Crum Ratcliff.~~ Cora Crum Ratcliff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas C. Ratcliff

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 14, 1875

8. AGE: Years	Months	Days	If less than one day
66	10	4	hr. min.

9. Birthplace Rialto, Bietler Co., Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Peter S. Crum

13. Birthplace Ohio

MOTHER

14. Maiden Name Eliza Jones

15. Birthplace Ohio

16 (a) Informant Mr. Thomas C. Ratcliff

(b) Address 4411 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Md.

18 (a) Funeral director [illegible]

(b) Address 1005 W. Baltimore St.

19 (a) Registrar Worthington Williams, M.D.

(Date rec'd by registrar) APR 30 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29/42 1942, at 1:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1942 to April 29 1942 and that I last saw h[illegible] alive on April 29 1942.

Immediate cause of death Toxemia + Suppuration

Due to Suppurative pancreatitis

Due to Congenital anomaly of duodenum(?)

Other Conditions T.B. Salpingitis left.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William E. Pearce M.D.

Address Women's Hospital Date signed 4/30/42

F 91749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3

F 91749 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Give usual occupation even if retired. Be sure that cause of death is stated so that disease, if any, which caused death is clearly indicated. Do not report symptoms of disease or mode of dying, such as heart failure, asphyxia, anemia, etc., without stating the primary cause of death. Write plainly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4644 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 4644 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

27-16

3 (a) FULL NAME Clara DeHoff

3 (b) If veteran, name war None
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Louis DeHoff
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/10/1866
8. AGE: Years 76 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Louis C. Kolbe
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Benke
15. Birthplace Pa

16 (a) Informant Walter DeHoff
(b) Address Philadelphia Pa
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory Carroll Crypt
Location Bath Co Md
18 (a) Funeral director Wm Cox
(b) Address 1217 E Pratt St
19 (a) (Date rec'd by registrar) APR 30 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 9:38 M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 9 1942, to Apr 28 1942 and that I last saw her alive on Apr 28 1942

Immediate cause of death
Mitral insufficiency
Due to
Due to Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Alex D. Bukat M.D.
Address 4603 Park Heights Ave Date signed 4/29/42

F 91750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3243 Abell Ave., City (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Alwyn Hundley Sr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Alwyn Hundley Sr (Lottie M.) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 12-27-1858

8. AGE: Years: 83 | Months: 4 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Virginia (town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Dr. Thomas Hundley
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Maria Layton
15. Birthplace: Virginia

16 (a) Informant: Mae Hundley Wood
(b) Address: 3243 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkland
Location: Takoma Md

18 (a) Funeral director: Wilson & Co
(b) Address: 1217 St Paul St

19 (a) (Date received by local registrar) (b) Huntington Williams M.D.

APR 3 0 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-29 1942, at 2:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1942 to 4-29 1942, and that I last saw him alive on 4-28 1942.

Immediate cause of death: Pneumonia — Duration: 9 days

Due to: Type # Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Dwight P. Brinkerhoff III M. D.
Address: Union Memorial Hosp Date signed: 5-29-42

F 91751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 91751 Registered No.

PLEASE WRITE PLAINLY, with pencil. Make no abbreviations. Give full name of deceased. Do not use initials. Give correct age in years. If under one year, give age in months, days, or hours. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 438 Rosecroft Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 Rosecroft Ter.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Grace L. Lee Spies

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/14/1865

8. AGE: Years	Months	Days	If less than one day
76	10	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Upholsterer

11. Industry or business

FATHER
12. Name Geo. Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna
15. Birthplace Germany

16 (a) Informant Mrs. Grace L. Bauer
(b) Address 438 Rosecroft Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Ave

18 (a) Funeral director Harry H. Kirtley
(b) Address 4101 Edmondson Ave

APR 30 1942 (a) (Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27/42, 1942, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1941 to April 27 1942, and that I last saw h[illegible] alive on April 27 1942.

Immediate cause of death Myocardial Insufficiency

Due to Chronic Endocarditis Mitral Insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Myocard 10 yrs
Endocard 27 yrs
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Bellis

Address 2224 W. North Ave Date signed 4/29/42 M. D.

F 91752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1642 Registered No. F 91752

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not known, so state. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Eagle st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Eagle st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ESTHER COHEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Peretz Spector
13. Birthplace Russia.

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia.

16 (a) Informant Husband.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-42 (month) (day) (year)
(c) Cemetery or crematory Wash. Reb.
Location Laurelcemetery

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

APR 30 1942 Huntington Williams (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942 at 6 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Hanging by rope	
Due to suicide	
Due to Psychosis, manic depressive	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence April 29, 1942 at 6 P M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury strangulation by rope

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 4-29-42

VS 6

F 91753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 91753 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Park Hghts. near Slade Av
(a) Baltimore City, Maryland
(b) Street address Ingram Hall Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ingram Hall Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAISY ROTHSCHILD FISHER

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1875

8. AGE: Years 66 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Israel Rothschild,
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Alexander,
15. Birthplace Germany

16 (a) Informant Mrs. Edward W. Broidy,
(b) Address Ingram Hall Apts.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Forth Lincoln
Location Bladensburg, Md.

18 (a) Funeral director Baird Somerville & Son
(b) Address 1902 Eutaw Place.
APR 30 1942
(Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th. 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1939 to 4/29 1942, and that I last saw h[illegible] alive on 4/29 1942

	Duration
Immediate cause of death Uraemia.	2 weeks
Due to Cardio-Renal Disease	4 yrs
Due to Cardiac Failure	6 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison, M. D.
Address 11 E. Chase St. Date signed 4/30/42

VS 3

F 91754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91754

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2879 Woodbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2879 Woodbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY E. GRASSER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Antoinette M. Grasser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1884

8. AGE: Years	Months	Days	If less than one day
58	1	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Andrew Grasser
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Link
15. Birthplace Germany

16 (a) Informant Miss Catherine Buettner
(b) Address 3110 Juneau Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md.

19 (a) APR 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apl. 5. 1942 to Apl 29 1942, and that I last saw [illegible] alive on Apl. 28 1942.

Immediate cause of death	Duration
Due to Chronic Myocarditis	2 yrs.
Due to Chronic Interstitial Nephritis.	2 yrs.
Other Conditions Exhaustion.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. Lut. J. Blake M. D.
Address Med. Arts Bldg. Date signed

VS 8

F 91755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164-D Registered F 91755

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that the entry for cause of death is complete and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Carroll Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hirt

3 (b) If veteran, name war	3 (c) Social Security Account No. 183-18-6157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Helen G. Hirt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/1898

8. AGE: Years	Months	Days	If less than one day
43	4	9	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Utility work
11. Industry or business High Tailoring Co.

FATHER
12. Name Joseph Hirt
13. Birthplace Hungary

MOTHER
14. Maiden Name Elizabeth Farkas
15. Birthplace Hungary

16 (a) Informant Mrs. John Kapfer
(b) Address 723 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory St. Alonisius Cem.
Location Littlestown, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md

19 APR 30 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1942 at 12:20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushed wounds of neck	
Due to cutting of carotid & jugular vessels	
Due to Stab wounds of abdomen	
Other Conditions Drug addict:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-29-42 at A M
(c) Where did injury occur? 723 Carroll St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted wounds of neck

23. Signature Howard J. Greene M.D.
Medical Examiner.
Date signed 4-29-42

VS 6

F 91756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-b

F 91756 Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil. Fill in all items with the causes of death clearly and legibly. Omission of any information or the entry of "unknown" will necessitate investigation, thereby delaying burial. Items 1 to 23 must be completed. Please see that the correct age is especially important. Physician

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Etting Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NATHANIEL ROLLINS

3 (b) If veteran, name war ## WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col~~ored~~

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie Johnson

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 11, 1868

8. AGE Years 73 Months 10 Days 19 If less than one day — hr. — min.

9. Birthplace [illegible] County, Maryland
(City or town) (State)

10. Usual Occupation [illegible]
(Kind of work done during most of working life)

11. Industry or business [illegible]

FATHER
12. Name John W. Rollins
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Sarah Jane Gilbert
15. Birthplace Harford County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Maryland

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1084 W. Montgomery St.

19. Filed APR 30 1942 Acting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1942, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26, 1942, to April 29, 1942, and that I last saw h im alive on April 29, 1942

Immediate cause of death: Cerebral hemorrhage, left — Duration: 3 days

[illegible] arterial hypertension and generalized arteriosclerosis

Due to:

Other Conditions

(Include pregnancy within 6 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. B. H. Anderson.

Address US Marine Hospital Baltimore, Maryland. Date signed 4/29/42 M.D.

F 91757 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

Registered No. F 91757

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Do not use ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write Rural)
(d) Street and No. 228 Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Divorced

6 (b) Name of husband or wife William Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1901

8. AGE: Years	Months	Days	If less than one day
40	11	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Berta Smith
15. Birthplace Balto. Md.

16 (a) Informant Juanita Kellem
(b) Address 228 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) APR 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 1100 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Helfrich M.D.
Medical Examiner

Date signed 4/26/42

VS 6

F 91758

SS 70014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49D

F 91758 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months

(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1428 Argyle Avenue (If rural give location)

(e) Outside of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Parks

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-1957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Separated

6 (b) Name of husband or wife Louis

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) October 16, 1909

8. AGE: Years	Months	Days	If less than one day
32	6	12	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Ben Hood

13. Birthplace South Carolina

MOTHER

14. Maiden Name Sarah Sheard

15. Birthplace South Carolina

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Buried (burial, cremation, or removal) (b) Date thereof May 2 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St Huntington Williams, MD.

19 (a) Date received by local registrar APR 30 1942 (b)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1942, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1941, to 4-28 1942, and that I last saw her alive on 4-28 1942.

	Duration
Immediate cause of death: Coronary Occlusion	15 min
Due to: Squamous cell carcinoma of vulva	8 mo
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-8-42

Major findings of operations: Sq. Cell Carcinoma of vulva

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald B. Stett

Address Balto City Hosp Date signed 4-29-42

F 91759

411962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 91759

Registered No.

PLEASE WRITE PLAINLY. With unfading ink. Fill all blanks. Give the causes of death clearly and legibly. Give correct age is especially important. Physicians: please report promptly to the Health Department.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1623 Mulliman ST. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Zora Burrell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/89 1889

8. Age: Years 52 | Months 0 | Days 21 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

MOTHER / FATHER

12. Name William S Porter

13. Birthplace Md

14. Maiden Name Annie ?

15. Birthplace ?

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 - 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Pa Ave Co. Md.

18 (a) Funeral director Robert E Williams

(b) Address 1515 McCeldery St

19 (a) Huntington Williams M.D.

APR 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 5-50 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb. 23 1942 to April 28 1942 and that I last saw her alive on April 28 1942

Immediate cause of death Septicemia

Pathogenitis

Duration 3 days

Due to Multiple Liver Abscesses

Due to

Other Conditions Multiple abscesses subcutaneous & intramuscular

2 mo's

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert G Austrian

Address Johns Hopkins Hosp. Date signed 4/30/42

F 91760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 91760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 364 N. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 364 N. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada V. Beverly

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph Beverly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1875

8. AGE: Years About 67 | Months 0 | Days Va | If less than one day hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Jordan Reed.
13. Birthplace Va.

MOTHER 14. Maiden Name Lucy —
15. Birthplace Va.

16 (a) Informant Carrie Jennings
(b) Address 912 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (a) APR 30 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to April 27 1942 and that I last saw her alive on April 27 1942.

Immediate cause of death Chronic N Nephritis
b Uraemia — Duration Couple yrs

Due to

Due to

Other Conditions Chronic Hypertension Arteriosclerosis Generalized. Couple yrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L. Young
Address 1429 E. Monument St Date signed 4/29/42

PLEASE WRITE PLAINLY, with ink or indelible pencil. Be sure to give correct age in each case. Every item is especially important. Physicians: please write the causes of death clearly and legibly.

F 91761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 144 N. Ellwood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 144 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Keagle

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	widower

6 (b) Name of husband or wife Lillie Tilman (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/2/72

8. AGE: Years	Months	Days	If less than one day
70	2	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.,
11. Industry or business

FATHER
12. Name William A. Keagle
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William J. Keagle (son)
(b) Address 144 N. Ellwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road & Moravia Ave.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street., Huntingtown Hollins, Md.

19 APR 30 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1942, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1942, to April 29, 1942, and that I last saw him alive on Apr 28 1942.

Immediate cause of death	Duration
Cancer of Lung	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Passajous M. D.
Address 514 Drury Lane Date signed 4/29/42

PLEASE WRITE PLAINLY, with ink. Be sure that every item is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 91762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124-a

Registered No. F 91762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 2532 Salem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Lewis Walker

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex M
5. Color or race B
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/1876

8. AGE: Years 66 Months 4 Days 25 If less than one day hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elizabeth Walker
(b) Address 2532 Salem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. D. Nelson
(b) Address 1303 Pleasant St

19 APR 30 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at 7:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Cirrhosis of Liver — Duration: own
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/29/42

VS 6

Please write clearly, using ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct and complete. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

91763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-a

F 91763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) St. No. 132 S. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen P. Chalmers (Chalmers)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	none	F.	W.	DIVORCED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 20 1875

8. AGE: Years	Months	Days	If less than one day
67	3	9	hr. min.

9. Birthplace CRISFIELD, MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN J. LAWSON
13. Birthplace CRISFIELD, MARYLAND

MOTHER
14. Maiden Name HETTIE E. STERLING
15. Birthplace CRISFIELD, MARYLAND

16 (a) Informant HAMILTON HUSTER
(b) Address 12 S CALHOON St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location Frederick Ave City

18 (a) Funeral director ROBERT BRUCE & SON
(b) Address 1398 HOLLINS St.

19 (a) APR 30 1942 (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942, to April 25 1942, and that I last saw her alive on April 25 1942.

Immediate cause of death: Anesthetic Death (Ether)
Due to: Ventral Hernia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Ventral Hernia
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Lampton M.D.
Address Md. General Hosp. Date signed 4/28/42

Please write plainly and correct age is especially important. Physicians: please give the cause of death.

F 91764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 91764 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Streets
(c) Hospital or institution:
Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 3250 St Paul Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Genevieve Parks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10/4/31
8. AGE: Years 10 | Months 6 | Days 25 | If less than one day — hr. — min.
9. Birthplace Virginia East Radford
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Charles Parks (deceased)
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Alice Schuler
15. Birthplace Virginia

16 (a) Informant James E Nolan M.D.
(b) Address Calvert & 33rd Sts Baltimore
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 30-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Christiansburg, Va
18 (a) Funeral director [illegible]
(b) Address [illegible]
19 APR 30 1942 (b) Huntington Williams, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942 at 10:25 AM
21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to April 29 1942 and that I last saw her alive on April 29 1942
Immediate cause of death Respiratory failure — Duration 4 yrs
Due to Hypostatic pneumonia, bilateral
Due to Chronic passive congestion of lungs
Other Conditions Cardiac dilatation - Chronic gastric ulcer, ileus, hemiplegia, bedsore, bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pneumonia - Heart failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature James E Nolan
Address Mercy Memorial Hospital Date signed 4/30/42

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

91765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 91765
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 007
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Ensor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTONIO F. BARROS

3 (b) If veteran, name war

3 (c) Social Security Account No. 466-03-7171

4. Sex: M | 5. Color or race: Colored | 6 (a) (Single) married, widowed, or divorced:

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1888

8. AGE: Years 54 | Months 1 | Days 6 | If less than one day: hr. min.

9. Birthplace Portugal (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Unemployed

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Pedro Alvarez
(b) Address 708 Ensor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md

18 (a) Funeral director Mrs R. A. Elliott Dpt.
(b) 708 N. Caroline St

19 (a) APR 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hemorrhage, Left pleural cavity	
Due to: Rupture of abdominal aorta	
Due to: Arteriosclerosis	
Other Conditions: Hypertension Cardiovascular Renal disease	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: Lab
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 4-28-42

PLEASE WRITE PLAINLY. Use ink. Do not abbreviate. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 91766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 91766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954-Forest St.
(c) Hospital or institution Maryland Penitentiary Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Paul W. Edwards

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ethel Garner
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months 7 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Damascus, Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Henry Clay Edwards
13. Birthplace Montgomery Co., Md

MOTHER
14. Maiden Name Ethel Garner
15. Birthplace Taneytown, Md

16 (a) Informant Mr. Ray Edwards
(b) Address New York, N.Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 30, 1942 (month) (day) (year)

(c) Cemetery or crematory .....
Location Taneytown, Md.

18 (a) Funeral director C. O. Fuss & Son
(b) Address Taneytown Md.

19 (a) ..... (Date received by registrar) Huntington Williams, Registrar

APR 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1942, at 7:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942 to April 30 1942, and that I last saw him alive on April 30 1942.

Immediate cause of death Cerebral hemorrhage — Duration .....
Due to Hypertensive Cardio — .....
Due to Arte. sclerosis — .....
Other Conditions — .....
(Include pregnancy within 3 months of death) — .....
Major findings: — .....
Of operations — .....
Of autopsy — .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Walter Earhart M.D.
Address 1123 St. Paul St. Date signed 4-30-42

Please write plainly. Physicians: please write the cause of death in such a way that correct age is especially important.

F 91767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-W

Registered No. F 91767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Bell St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Nonis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Lorena Nonis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-1881

8. AGE: Years	Months	Days	If less than one day
61	3	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B. & O. R.R.

FATHER
12. Name Samuel Nonis
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Sanders
15. Birthplace Maryland

16 (a) Informant Mrs. Nonis
(b) Address 1506 Bell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-42 (month) (day) (year)
(c) Cemetery or crematory Union Protestant
Location Baltimore Md.

18 (a) Funeral director D. F. McGrath
(b) Address 130 E. Fort Ave.

19 (a) APR 30 19[illegible] Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 19 42, at 9:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 19 42 to 4-27 19 42 and that I last saw him alive on 4-27 19 42.

Immediate cause of death: Pulmonary edema
Due to: Uremia & Toxemia
Due to: Benign Prostatic hypertrophy
Other Conditions:

Duration: 3 hrs. 48 hrs.

(Include pregnancy within 3 months of death)
Date of operation 4-16-42
Major findings of operation: Prostatic hypertrophy & Calculi
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature H. E. Helbert
Address Church Home & Infirmary Date signed 4-27-42 M. D.

VS 1

F 91768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 91768
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 647 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 S. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christopher Charles Reimers 57550

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1905

8. AGE: Years	Months	Days	If less than one day
36	11	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation clerk
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Lohn
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (month) (day) (year)
(c) Cemetery or crematory First Evan. Cemetery
Location Odonnell St

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Date rec'd by registrar Apr 30 1942 Huntington Mills, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1942, at 7:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1940 to Apr. 28 1942, and that I last saw him alive on Apr. 28 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp. Date signed 4-28-42

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No. F 91769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Columbia & Old Annapolis Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lula Belle Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife David G Miller
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1891

8. AGE: Years	Months	Days	If less than one day
50	8	3	____ hr. ____ min.

9. Birthplace Cumberland Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Columbus Hartsock
13. Birthplace Md

MOTHER
14. Maiden Name Winfrey Neffenbaugh
15. Birthplace Md

16 (a) Informant David G Miller
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-42 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City Md

18 (a) Funeral director H. Nig Mebrathouse
(b) Address Ellicott City Md

19 DD 20 1042 (b) ____ (Date rec'd by registrar)

Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29/42 19__ at 4:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3/19/42 19__ to 4/29/42 19__ and that I last saw h[illegible] alive on 4/27/42 19__

Immediate cause of death Cancer Cervix
Interstinal Tract

Duration
8 mos

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings: Hun. Hosp Sept 1941
Of operations Dr Hundley
Of autopsy Cancer Cervix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature J W Whitelow M. D.
Address 43-9 4K Date signed 4/29/42

Please write plainly. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the exact cause of death. Your certificate is especially important. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the exact cause of death. Your certificate is especially important.

VS 3

91770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 91770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Newington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack Stephen Reed (Booth F 47512)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Stephen William Reed
13. Birthplace Syracuse, N. Y.

MOTHER 14. Maiden Name Jean Veronica Shirley
15. Birthplace Schenectady, N. Y.

16 (a) Informant Mrs. Stephen Reed
(b) Address 916 Newington Ave. Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (Signature and title) (Registrar)

JOHNS HOPKINS MEDICAL SCHOOL APR 30, 1942 Commissioner of Health
For H. A. Hoerr
APR 30 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 19.

Immediate cause of death — Duration

Due to prematurity atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lelman, M.D.
Address 7122 Callowhill Date signed 4-15-42

VS 2

9063

Information is especially important. Physicians: please write the cause of death correctly.

F 91771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 91771 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as known. Underline the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m, 5d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Side Delmar
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Maggie L. Collins

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24-1888

8. AGE: Years 53 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Allen R. Collins
13. Birthplace Whitehaven Md.

MOTHER
14. Maiden Name Martha Ella Hastings
15. Birthplace Delmar Md.

16 (a) Informant Maggie L. Collins
(b) Address Sylvester Md. R.F.D. 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-42 (month) (day) (year)
(c) Cemetery or crematory Pittsville Md
Location

18 (a) Funeral director Walter Holloway
(b) Address Salisbury Md.

19 (a) APR 30 1942 (Date received by local registrar) Huntington Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/1942 at 11.55 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/15/1942 to 4/30/1942 and that I last saw h[illegible] alive on 4/30/1942

Immediate cause of death Frontal Lobe Tumor — Duration one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. J. Ulrich

Address Univ. Hosp. Date signed 4/30/42

VS 3

F 91772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 91772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N. Carey Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Carey St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin Fisher (Birth F 48868)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1942, at 3 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-1942 to 4-29-1942 and that I last saw ... alive on ... 19..

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature McDonald Bando M. D.
Address 224 E 28th Ave. Date signed 4-29-1942

FATHER
12. Name Douglas Fisher
13. Birthplace Winnsboro, S. C.

MOTHER
14. Maiden Name Elizabeth Goins
15. Birthplace Winnsboro, S.C.

16 (a) Informant Elizabeth Fisher
(b) Address 212 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) APR 30 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY. Physician to fill out cause of death circled and sign report. Undertaker to complete all items and obtain signature of informant. Please see that personal data is correct age is especially important.

F 91773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91773

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 W Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 42, at 7:50 AM

21. I certify that death occurred on the date above stated, that I attended deceased from April 28 19 42, to April 30 19 42, and that I last saw h[illegible] on April 30 19 42.

[illegible]

FATHER
12. Name John Hughes
13. Birthplace Hampton S.C.

MOTHER
14. Maiden Name Matty Stevens
15. Birthplace Winnsboro S.C.

16 (a) Informant John Hughes
(b) Address 1100 W Franklin St

17 (a) Burial (b) Date thereof 5-2-42
(Cremation, or removal) (Month) (Year)
(c) Cemetery or crematory Arbutus Mem. Cem.
Location W [illegible] Rd.

18 (a) Funeral director Mrs. T. R. Williams
(b) Address 322 N Labrador Dr

19 APR 30 1942 Huntington Williams M.D.
(Date rec'd by registrar)

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 961 Riggs Ave Date signed 4/30/42

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physician's

VS 2

F 91774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Homewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nora Noonan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Noonan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	27	hr. min.

9. Birthplace London, England
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Quirk
13. Birthplace England

MOTHER
14. Maiden Name Margaret
15. Birthplace England

16 (a) Informant Mrs. James Batterden
(b) Address 1130 Homewood Ave

17 (a) Burial (b) Date thereof 5/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) APR 30 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 28 - 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1942, to 4/28 1942 and that I last saw h[illegible] alive on 4/28 1942

Immediate cause of death — Duration

Acute Cardiac Dilatation
acute Pulmonary Edema
Due to ch Myocarditis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Hanrahan M. D.
Address 733 Cresquiola Date signed 4/30/42

PLEASE WRITE PLAINLY. Use ink. Physicians: please write the cause of death clearly and correct age is especially important.

414672
F 91775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ X F 91775
46-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town WARRENTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John B Grayson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-71

8. AGE: Years	Months	Days	If less than one day
70	11	16	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation MERCHANT

11. Industry or business

FATHER 12. Name George Grayson

13. Birthplace VA

MOTHER 14. Maiden Name Mary Brady

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1942 (month) (day) (year)

(c) Cemetery or crematory Warrenton Cemetery

Location Warrenton, Va

18 (a) Funeral director John D. Mitchell & Sons

(b) Address 19[illegible] Clinton Place, Washington Heights, N.Y.C.

19 (a) MAY 1 [illegible] (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 30 1942 at 923 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 17 1942 to APR 30 1942 and that I last saw h[illegible] alive on APR 30 1942

Immediate cause of death Carcinoma of Colon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elwood A Schmidt M.D.

Address J. Hopkins Hosp Date signed 4-30-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 1

F 91776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered F 91776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Brevard St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Betty Howard
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1872
8. AGE: Years 70 | Months — | Days — | If less than one day hr. min.
9. Birthplace Staunton, Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Thomas Keys
13. Birthplace Staunton, Va.
MOTHER 14. Maiden Name Don't know
15. Birthplace
16 (a) Informant Catharine Marshall
(b) Address 1232 Brevard St
17 (a) (Burial, cremation, or removal) (b) Date thereof 5-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Rogers Road
18 (a) Funeral director Chas. H. Alexander
(b) Address 1220 McCulloh St
19 (Signature of local registrar) MAY 1 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 27 1942, at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1942 to Apr. 29 1942 and that I last saw h[illegible] alive on Apr. 29 1942

Immediate cause of death: Congestive Heart Failure — Duration: 2 weeks
Due to: Hypertension
Due to: Cardiosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 5/3/42

VS 8

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 91777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-E

F 91777 Registered No.

PLEASE WRITE PLAINLY. With ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Barnett
(c) City or town Swanton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Rose Stickley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1942

8. AGE: Years | Months 2 | Days 23 21 | If less than one day hr. min.

9. Birthplace Swanton, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James S. Stickley
13. Birthplace West Virginia

MOTHER
14. Maiden Name Rose Monroe
15. Birthplace ?

16 (a) Informant Father
(b) Address Swanton, Md.

17 (a) Keyser W Va (b) Date thereof May 1st 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Queens Point
Location Keyser W Va

18 (a) Funeral director Chas. F. Shaples
(b) Address Blaine W Va

19 (a) MAY 1 1942 (b) Huntington Milleville, Md.
(date received by local registrar) (year) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1942 to 4-30 1942, and that I last saw h alive on 4-30 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Congenital Heart disease	Life
Due to	
Other Conditions Cleft palate Deformity both Clubfeet Paralysis	Life

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Mary P. Hayford M. D.
Address Union Memorial Hosp. Date signed 5/30/42

F 91778

F 91778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fenderave & Madison St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1293 St. Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sarah Welson Fegunder

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: John D. Fegunder
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 4th 1851
8. AGE: Years: 91 | Months: 2 | Days: 26 | If less than one day: hr. min.
9. Birthplace: Pittsburg Pa. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Alexander Wilson
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Craig
15. Birthplace: Pa.

16 (a) Informant: Ruth Fegunder
(b) Address: 1293 St. Paul St

17 (a) Removal (Burial, cremation or removal) (b) Date thereof 5/3/42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~: Homewood
Location: Pittsburg Pa.

18 (a) Funeral director: Williams Cook
(b) Address: 1267 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8 MAY 1 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942, to April 30 1942, and that I last saw her alive on April 30, 1942.

Immediate cause of death Myocardial failure — Duration

Due to Arteriosclerotic C V Disease

Due to

Other Conditions Fibroma of Uterus

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.

Address Maryland General Hosp. Date signed 4/30/42

correct age is especially important. Physicians, please write plainly.

F 91779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

F 91779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 Chilton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nelson Fillmore Johnson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-10-5891

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ wife Carrie Nandine Johnson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 21st 1877
8. AGE: Years 64 | Months 4 | Days 9 | If less than one day hr. min.
9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Balto Museum of Art

FATHER
12. Name Wm Henry Johnson
13. Birthplace A. A. Co. Md

MOTHER
14. Maiden Name Laura Jane Chaney
15. Birthplace A. A. Co. Md.

16 (a) Informant Carrie N. Johnson
(b) Address 1632 Chilton st

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by State Registrar) MAY 1 - 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1942, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to April 30 1942 and that I last saw him alive on April 30 1942.

Immediate cause of death
Epicinoma of
Due to large boyd ulc with metastases
Due to Intestines

Duration
2 yrs

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation April 21, 1940
Major findings of operation: Epicinoma
of autopsy: Hagelmel

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Lucas M.D.
Address Date signed 4/30/42

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F91780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F91780
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer each question. If none, write none. If unknown, write unknown. Be sure to give correct age in each case. Information as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspeburg P.O. (If outside city limits, write RURAL and give town)
(d) Street No. Phila Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wiegand
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/42

8. AGE: Years	Months	Days	If less than one day
		2½	hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Wiegand
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Elsie Dorsey
15. Birthplace Balto Co Md.

16 (a) Informant John Wiegand
(b) Address Raspeburg P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Burial Ground
Location Balto Co Md

18 (a) Funeral director Loudon Funeral Home
(b) Address 7211 Belair Rd

MAY 1 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/42 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28/42 19 . to 4/30 1942 and that I last saw h[illegible] alive on 19 .

Immediate cause of death Atelectasis — Duration

Due to

Due to

Other Conditions Prematurity
Hemorrhage Division of Newborn
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Scott M. D.
Address University Hosp. Date signed 4/30/42

VS 3

F91781 ✓ F91781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1846 Pleasant St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Brooks 23479

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1633

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1889

8. AGE: Years 53 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Brooks
13. Birthplace Md.

MOTHER
14. Maiden Name Emma
15. Birthplace Balto. Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George L. Lahmeyer
(b) Address 2101 Eldorado ave.

19 (a) (Date rec'd by registrar) (b)
MAY 1 1942 Huntington Williams Md.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29 1942, at 4:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1942, to Apr. 29 1942, and that I last saw him alive on Apr. 29 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence , at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 4-29-42

F 91782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 91782

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A.
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Shore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice E Williams

3 (b) If veteran, name war W
3 (c) Social Security Account No. 5186

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Margaret Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 22nd 1884
8. AGE: Years 57 | Months 4 | Days 8 | If less than one day: hr. min.
9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Caretaker
11. Industry or business: Chas E. Foulty

FATHER
12. Name: Maurice E. Williams
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Louise Keyser
15. Birthplace: Balto Md.

16 (a) Informant: Margaret Williams
(b) Address: Lake Shore, Pasadena Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt Olivet
Location: Balto Md

18 (a) Funeral director: Williams Cook
(b) Address: 24 St Paul St

19 (a) ~~Filed~~ MAY 2 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30 1942, at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1942 to Apr. 30 1942 and that I last saw h/ m alive on Apr. 27 1942.

Immediate cause of death: Arteriosclerotic Heart Dis — Duration: 2
Broncho-Pneumonia — 5 da.
Due to: Chronic Passive Congestion, Liver — ?
Due to: also Lungs.
Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H Hagadorn M.D.
Address: Franklin Sq. Date signed 4/30/42

F 91783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a

Registered No.

F 91783

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly. Accuracy in filling out correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Streets
(c) Hospital or institution:
Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 East 20th St. City
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert O Irma Theiss, Jr. (Twin F 42-47-5)

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/14/42

8. AGE: Years 0 | Months 3 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert O Irma Theiss Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Pearl Conway
15. Birthplace Baltimore Maryland

16 (a) Informant James J Nolan M D
(b) Address Calvert + 33rd Sts, Baltimore

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by local reg.) MAY 1 - 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1942 to April 30 1942 and that I last saw him alive on April 29 1942.

Immediate cause of death Bronchopneumonia
failure

Due to Increased Intracranial Pressure

Due to Chronic Meningitis
Hydrocephalus

Other Conditions Cause - Salmonella Choleraesuis Group of organisms

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Nolan
Address Mercy Memorial Hospital Date signed 4/30/42

F 91784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 91784

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1061 N. Charles St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME James H Cromwell

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov 2 1879

8. AGE: Years	Months	Days	If less than one day
62	5	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Stag Hosiery Co.

FATHER 12. Name Richard Cromwell

13. Birthplace Baltimore

MOTHER 14. Maiden Name Sally Grogg

15. Birthplace Baltimore

16 (a) Informant William Lee Cromwell

(b) Address 617 Murdock Rd. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilhoyte & Co.

(b) Address 1217 E. Fayette St.

19 (a) (Date received) MAY 1 [redacted] Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at 8.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1942 to April 29 1942 and that I last saw h[redacted] alive on April 29 1942.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Douglas Brown M. D.

Date April 29, 1942

Mercy Hospital

PLEASE WRITE correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

F 91785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 Round St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Round St (If no street location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Luna

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Luna | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Peter Segura
13. Birthplace Md

MOTHER 14. Maiden Name Mary Perry
15. Birthplace Md

16 (a) Informant Husband
(b) Address 847 Round St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director George A. Nelson
(b) Address 1303 Presstman St

19 (a) MAY 1 1942 (Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-42 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30/41 to 4/29/42 and that I last saw h[illegible] alive on 4/29/42

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. Date of operation
Major findings of operation:
of autopsy:

22a. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alice Ellis M. D.
Address 924 Hoch Date signed 5-1-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

Please write plainly. Physicians: please write the cause of death clearly and give correct age is especially important.

No. 91786 GARDNER

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 91786

Birth F 49309 CERTIFICATE OF DEATH 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 424 N Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes) No
If yes, name country

3 (a) FULL NAME Infant Child George E & Alverda Gardner

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/23/42

8. AGE: Years | Months | Days | If less than one day: hr. min.
Born dead 10 days

9. Birthplace 424 N Kenwood Ave
(Town, county, and state)

10. Usual Occupation none

11. Industry or business "

FATHER
12. Name George E Gardner
13. Birthplace Indiana

MOTHER
14. Maiden Name Alverda Arvent
15. Birthplace Malta

16 (a) Informant Mrs. G E Gardner
(b) Address 424 N Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Apr 24 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave & R 1

18 (a) Funeral director Tilly & Fairbrother
(b) Address 403 S Wolfe St.

(c) Apr 24 1942 **(b)** Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1942 to 4/25 1942 and that I last saw h[illegible] alive on April 25 1942

Immediate cause of death: Congenital Malformation of Heart

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operations: —

of autopsy: no

Duration
Congenital
Prematurity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work? X (Specify type of place) X
(e) Means of injury

23. Signature C. E. Beaney M.D.
Address 790 Garrison Blvd
Date signed 4/24/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use one line for each item. Do not abbreviate except age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-N Registered No. F 91787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 E. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPHINE KNOBBE

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOSEPH KNOBBE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT. 25 1862

8. AGE: Years: 79 | Months: 6 | Days: 5 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: UNKNOWN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: MARY CORLESS (DAUGHTER)
(b) Address: 1813 E. LAFAYETTE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 2/42 (month) (day) (year)
(c) Cemetery or crematory: PARKWOOD
Location: TAYLOR AVE. HAMILTON

18 (a) Funeral director: Lilly & Zeller
(b) Address: 403 S. WOLFE ST.

19 MAY 1 - 1942 (Date rec'd by registrar) Hennigar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) my find that said deceased came to her death on the day stated above.

Immediate cause of death: Anemia, secondary — Duration: ---

Due to: Starvation — Duration: one

Due to: — Duration:

Other Conditions: None — Duration:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Z. Williams M.D. Medical Examiner.

Date signed 4-30-42

VS 6

F 91788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 91788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 E. 20th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Gebhardt

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara Gebhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1861

8. AGE: Years 81 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " " "

MOTHER
14. Maiden Name Louise ?
15. Birthplace Not Known

16 (a) Informant Mr. Geo. A. Gebhardt
(b) Address 1220 Elmridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 MAY 1 - 1942 (Date received by Local Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 42 to 4/29 19 42 and that I last saw h alive on 4/28 19 42

Immediate cause of death: Recurrent Laryngeal of Rectum — Duration: 2

Due to:

Due to:

Other Conditions

(Include pregnancy within three months of death)

Date of operation 4/15/42

Major findings of operation: Carcinoma of Rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Hebbeler M. D.
Address 115 E. Eager St. Date signed

PLEASE PRINT OR TYPEWRITE. Physicians: please write the cause of death plainly. Be sure that the information given is correct and is especially important.

VS 2

F 91789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 91789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Barnes St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Barnes St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Holmes (nee Wormley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John B. Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856 1857

8. AGE: Years: 85 | Months | Days | If less than one day: hr. min.

9. Birthplace White Stone, Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Marietta Patterson
(b) Address 1434 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Q, A, bet Maryland

18 (a) Funeral director Mrs Ada Bailey
(b) Address 1424 Jefferson St

19 MAY 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1942 to April 28 1942, and that I last saw h-e alive on April 28 1942

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Hypostatic Congestion

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert A. Lafont

Address 522 N. Bond St Date signed 5/1/42

correct age is especially important. Physician, please write

VS 2

F 91790 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

W 91790 1/4

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lindinvaty Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 N Parnell St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geraldine Garnett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15-34

8. AGE: Years	Months	Days	If less than one day
7 years	10	13	hr. min.

9. Birthplace Center Cross Essex Co Va (Town, county, and state)

10. Usual Occupation School - girl

11. Industry or business

FATHER
12. Name Titus Garnett
13. Birthplace Essex Co Va

MOTHER
14. Maiden Name Rosie Carter
15. Birthplace Essex Co Va

16 (a) Informant Titus Garnett
(b) Address 235 N Parnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Lin
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 MAY 1 - 1942 (Date rec'd by registrar) (b) Hattie M Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1942 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942 to April 28 1942; and that I last saw h[illegible] alive on April 28 1942

Duration
Immediate cause of death: Tuberculous meningitis
Due to: Miliary Tuberculosis — one
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Revell M. D.
Address Lindinvaty Hospital Date signed 4-28-42

VS 3

F 91791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No.

F 91791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 N. 27th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. 27 Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen M. Walsh

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife Matthew Walsh
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 9/8/1867

8. AGE: Years	Months	Days	If less than one day
74	7	21	hr. min.

9. Birthplace Ireland (Town, county and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER 12. Name James Kennedy
13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Lavery
15. Birthplace Ireland

16 (a) Informant Matthew Walsh
(b) Address 115 N 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory St Charles Catonsville
Location Baltimore Co. Md.

18 (a) Funeral director J. J. Corkery & Sons
(b) Address 1210 Light St.

MAY 1 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to April 29 1942 and that I last saw her alive on April 28 1942.

Immediate cause of death Carcinoma of pancreas — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months preceding)
Date of operation February 23 1942
Major findings of operation: Carcinoma of pancreas with metastasis to liver
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Brooke M. Bottle
Address 2435 Maryland Ave Date signed 5/2/42

Please write the cause of death correct age is especially important. Physician: please

91792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 91792
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3524 LYNCHESTER Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3524 Lynchester Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISRAEL KRIGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Kriger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. Bessie A. Kriger
(b) Address 3524 Lynchester Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-42 (month) (day) (year)
(c) Cemetery or crematory Russedale
Location Md. Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 MAY 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-42 19 , at 11 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936, to April 30 1942 and that I last saw h alive on April 15 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 hr.
Due to Arteriosclerosis CVD	4 yrs
Due to	
Other Conditions Chronic Bronchitis	4 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Hyletein M. D.
Address 888 W. Lombard St Date signed 5-1-42

VS 2

Please write plainly; please use pen and ink; correct age is especially important. Physicians

F 91793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 91793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 N. Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Steinberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business –

FATHER
12. Name –
13. Birthplace R.

MOTHER
14. Maiden Name –
15. Birthplace R.

16 (a) Informant Samuel Steinberg
(b) Address 837 - 26th St, N.W. Wash. D.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St
(c) Huntington Williams, M.D.

19 MAY 1 – 1942 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-42 19 at 3.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1942 to April 30 1942 and that I last saw h alive on April 30 1942

Immediate cause of death — Duration

Acute Cardiac Dilitation — One day

Due to Cardio Vascular Disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 743 N. Fayette St Date signed April 30 1942

VS 8

Please answer all questions in full. Physician: please write correct age in especially important. Physician: please write

F 91794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √159

F 91794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give exact street address or location. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlisle St.
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Fee (Birth F 48373)

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-42

8. AGE: Years | Months | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph's Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edwin V. Fee
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Margaret Veronica Monneman
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Edwin Fee
(b) Address 3126 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director J. Linton Kirkpatrick
(b) Address 1501 E. 22nd St.

19 MAY 1 1942 (Date received) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-42 19 at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28- 1942 to 4-30 1942, and that I last saw h.lk. alive on 4-30 1942.

Immediate cause of death: Atelectasis — Duration: 2

Due to: Aspiration

Due to:

Other Conditions: Prematurity 8 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Cavanaugh M. D.
Address St. Joseph's Hosp. Date signed 4-30-42

VS 8

F 91795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-B

F 91795 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 67 N Monastery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 67 N Monastery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2067

3 (a) FULL NAME Mary B Stegman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Fred H.

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) 8-22-1897

8. AGE: Years	Months	Days	If less than one day
54	8	7	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Warner A Bonnivella

13. Birthplace Md

MOTHER 14. Maiden Name Ella Simmons

15. Birthplace Md

16 (a) Informant Fred H Stegman

(b) Address 67 N Mondatony

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Jones & Farley

(b) Address 1411 Pennsylvania Ave

19 (a) MAY 1 - 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1942, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1935, to April 24 1942, and that I last saw h Se alive on April 24 1942.

Immediate cause of death Starvation acidosis

Due to chronic atrophic arthritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rapaport M. D.

Address 206 S. Gilmor St Date signed 5-1-42

Please correct age is especially important. Physicians' please write plainly.

VS 3

F 94796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-P

Registered No. F 94796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Cottage ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Cottage ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME David Isaac

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rebecca Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business ..

FATHER
12. Name Hyman Isaac
13. Birthplace Austria

MOTHER
14. Maiden Name Ida Mayk
15. Birthplace Austria

16 (a) Informant Son. William
(b) Address 3810 Cottage ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 1 - 1942 (Date received by Registrar) Huntington Wilkerson, M.D.

VS 3

PLEASE WRITE PLAINLY. Fill in all blanks by typewriter or with pen and ink. Use black ink. Do not use pencil. Be sure your answer is correct and complete. Do not leave any blanks except where directed to do so. Be sure the cause of death is entered correctly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure your answer is correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1942, at 10-12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1d 1942 to May 1st 1942 and that I last saw h[im] alive on May 1st 1942

Immediate cause of death Bronchiectasis (Chronic) — Duration 2 yrs

Due to Tobacco? —

Due to Cardiac Failure — 2 days

Other Conditions Chr. Prostatitis — 2 yrs.

Fract. Rt Femur

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael A. Abrams M.D. M. D.

Address 2360 Eutaw place Date signed

91797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 91797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3215 Stafford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Stafford St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Gremin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife James. D. Gremin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Ireland (Town, county, and state or foreign country)
10. Usual Occupation House wife.
11. Industry or business

FATHER
12. Name Daniel Lanahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Thomas Gremin
(b) Address 34 S. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2nd 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location City.

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E. Fort Ave.

19 (Date rec'd by registrar) MAY 1 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942 at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to April 29 1942 and that I last saw deceased alive on April 29 1942.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	6 yrs.
Due to Senile Dementia	10 yrs.
Due to	
Other Conditions Arterio-Sclerosis	15 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Bonello M.D.
Address 4213 Federal Rd Signed 4/30/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 2

F 91798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124

F 91798

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and accurately. Use no abbreviations or ditto marks. Be sure to answer every question. Please give information requested in items 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 23 as it is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 2323 E. Monument St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony F. Smrcina

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Edna Smrcina
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 8/4/83

8. AGE: Years 58 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Restaurant Proprietor

11. Industry or business

FATHER
12. Name Wenceslaus Smrcina
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Antoinette
15. Birthplace Czechoslovakia

16 (a) Informant Albert Smrcina
(b) Address 819 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach & Son
(b) Address 400 W. Lexington St. Huntington Williams

19 (a) (Date received by registrar) MAY 1 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/1942 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28/1942 to 4/28/1942 and that I last saw h in alive on 4/28/1942

Immediate cause of death Cirrhosis of Liver — Duration

Due to — Duration: one w

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George J. Ulrich M. D.
Address Univ. Hosp. Date signed 4/28/42

VS 2

F 91799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered F 91799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 1a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY O'CONNOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dougherty
15. Birthplace Ireland

16 (a) Informant Rita Wiedefeld
(b) Address 914 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1. 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

MAY 1 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 12:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiorenal disease — Duration

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Wollenweber M.D. Medical Examiner.
Date signed 4-30-42

correct age is especially important. Physicians: please write plainly.

VS 4

F 91800 1.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

493-D

F 91800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 Jackson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Darley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel T. McGuire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife C. Amelia McGuire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1869

8. AGE: Years 72 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas McGuire
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Gibbs
15. Birthplace Baltimore

16 (a) Informant Mrs. Virginia Smith
(b) Address 1623 Darley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 Date received by Registrar MAY 1 1942 Filed by Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1942 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/42 19 to 4/30/42 19, and that I last saw h im alive on 4/29/42 19.

Immediate cause of death: General arterio sclerosis — Duration: ?
Due to: Arterio sclerotic heart disease.
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel
Address 1226 Hanover St. Date signed 5/1/42 M. D.

VS 3

Please write clearly. Physicians' correct age is especially important.

F 91801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 91801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Linton Place
(c) Hospital or institution: Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Londonderry Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Jennie Stahl

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis C. Stahl 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 - 1859

8. AGE: Years	Months	Days	If less than one day
82	7	11/10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Garkle
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Daught
15. Birthplace Germany

16 (a) Informant Edna Kalbach
(b) Address 153 N Londonderry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1942 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Walter Rucker Bagley
(b) Address 1944 W North Ave

19 MAY 1 - 1942 (b) Huntington Williams, M.D. Registrar
Certificate received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1942 to 4/29 1942, and that I last saw h alive on 4/29 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Fullerman M. D.
Address 2324 Pennsylvania Ave Date signed 6/1/42

Please write plainly; print where necessary. Physician: please write correct age in years. Month and day are especially important.

VS 8

F 91802 HEALTH DEPARTMENT—CITY OF BALTIMORE 91802

CERTIFICATE OF DEATH

82

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 901 Aisquith St. St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Mary Evanista (Anna Sterbak) — If U. S. Veteran specify WAR

(a) Residence: No. 901 N. Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	S.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1st 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

FATHER

13. NAME Michael Sterbak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Feustad

16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

17. INFORMANT (Address) Sr Mary Rosita Notre Dame Convent

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date May 4th 19 42

19. UNDERTAKER (Address) Geo. M. Fenwick Son 211 N. Wolfe St.

20. MAY 1 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1932 to Apr. 30th 1942

I last saw her alive on Apr 30th 1942 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Spinal Sclerosis
amyotrophic
Lateral Sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If ... specify

(Signed) F. D. Kirby M. D.

(Address) 110 E. Montgomery

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 91803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No. F 91803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County — — —
(c) City or town Baltiomre
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31st St at Charles — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Hamilton Fant

3 (b) If veteran, name war None

3 (c) Social Security Account No. 219-07-3751

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adelaide Fant

6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Nov 6-1866

8. AGE: Years 75 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Richmond Va (Town, county, and state)

10. Usual Occupation: Chairman of Board

11. Industry or business: C. D. Kenny Co.

FATHER
12. Name: Hamilton Fant
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Josephine HELLEN
15. Birthplace: Washington, D.C.

16 (a) Informant: Adelaide Fant
(b) Address: HOMEWood Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 4-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Washington, D C

18 (a) Funeral director: Chas. E. Sams-Son
(b) MAY 1 & 1942 Mt Royal

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1942, at 5-05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1941 to April 30 1942 and that I last saw him alive on April 28 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive C-V Disease

Due to:

Other Conditions: Bleeding from G-I tract - Cause undetermined
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William H. Fuisting M.D.
Address: Bon Secours Hospital Date signed: M. D. 4-30-42

VS 2

PLEASE WRITE PLAINLY. Use ink. Do not use lead pencil. Be sure that the cause of death is stated correctly. Omission of information, or the entry of obviously incorrect facts, will cause delay. Be sure that the age is correct. Physicians: please write the causes of death clearly and legibly. Be sure that the age is especially important.

91804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M

F 91804
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont Ave.
(c) Hospital or institution Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Prior Born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Back St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kirshkoff. (Birth F-45483)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1942

8. AGE: Years	Months	Days	If less than one day
			2 hr. 1 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Earl Kirshkoff
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Newman
15. Birthplace Maryland.

16 (a) Informant Mother
(b) Address 408 Back St., Essex, Md.

17 (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) MAY 1 - 1942 H. Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1942, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ April 30 1942 to 19__, and that I last saw ~~him~~ her alive on April 30, 1942.

Immediate cause of death Respiratory failure.

Due to Evisceration

Antecedent

Due to Absence of abdominal wall.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Schnaufer Houghton M. D.
Address Church Home & Inf. Date signed 4/30/42

PLEASE WRITE PLAINLY, with ink. Spelling of names, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9065

F 91805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-D

Registered No. F 91805

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.,
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? (Name or No)
If yes, name country

3 (a) FULL NAME Miss Rose E. Mortimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 1869

8. AGE: Years	Months	Days	If less than one day
73	4		14 hr. 15 min.

9. Birthplace Sandy Hook Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Mortimer
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Susie Ann Montague
15. Birthplace Sandy Hook, Md

16 (a) Informant R. J. Roe
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-42 (month) (day) (year)
(c) Cemetery or crematory Reformed
Location Brunswick Md

18 (a) Funeral director C. H. Zeltt Bro
(b) Address Brunswick Md

19 MAY 2 - 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1938 to May 1st 1942, and that I last saw h[illegible] alive on April 30 1942.

Immediate cause of death	Duration
Congestive Myocardial Failure	1 week
Due to Arteriosclerotic Heart Disease.	
Due to	
Other Conditions Chr. Hypertrophic Arth. C. 1930	
Carcinoma of Vulva	

(Include pregnancy within 3 months of death)

Date of operation March 12 1942 Johns Hopkins
Major findings of operation: Vulvectomy
Carcinoma of vulva
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolf
Address 11 E. Church St. Date signed 5/7/42

91806 X F 91806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 4 W 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Lambert

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1862

8. AGE: Years	Months	Days	If less than one day
80	-	-	hr. min.

9. Birthplace Carroll Co Maryland (Town, county, and state)
10. Usual Occupation Veterinary
11. Industry or business

FATHER
12. Name William A Lambert
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Israel
15. Birthplace Maryland

16 (a) Informant Fred Lambert
(b) Address New Windsor Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 42 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek
Location New Windsor Md

18 (a) Funeral director D. D. Hafer & Son
(b) Address New Windsor & Union Bridge Md

19 MAY 2 - 1942 (Date rec'd by Registrar) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1942 to May 1 1942 and that I last saw h- alive on May 1 1942

Immediate cause of death Carcinoma, recto-sigmoid junction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Apr 15, 1942

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Shaffer M. D.
Address Univ Hosp Date signed 5/1

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Omission of any item or incorrect age is especially important.

VS 3

91807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. E 91807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Harford Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Alvey

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Anna Meta Noe Reinicker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1858

8. AGE: Years 83 | Months 10 | Days 24 | If less than one day: hr. min.

9. Birthplace St. Marys Co. (Town, county, and state)
10. Usual Occupation Retired Sausage Mfgr.
11. Industry or business own

FATHER
12. Name John J. Alvey
13. Birthplace St. Marys Co. Md

MOTHER
14. Maiden Name Rebeca A. Graves
15. Birthplace St. Marys Co. Md

16 (a) Informant Walter C. Alvey
(b) Address 3308 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Thomas W. Pangleton
(b) Address Glen Burnie, Md.

19 (a) Date received MAY 2 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1942 at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to April 1942 and that I last saw him alive on April 30 1942

Immediate cause of death: Senile gangrene rt leg — Duration: 3 Months
Due to: Arteriosclerosis — 10 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 4-30-42

correct age is especially important. Physicians: please write plainly.

VS 3

91808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

F 91808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo20da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo20da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Avalon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GRIFFIN REDMOND

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife Mary Kent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	1	0		

9. Birthplace HEATHSVILLE, VIRGINIA (Town, county, and state)
10. Usual Occupation DECK HAND
11. Industry or business seafaring

FATHER
12. Name Walter Redmond
13. Birthplace Heathsville, Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Heathsville, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/42 (month) (day) (year)
(c) Cemetery or crematory
Location Fredericksburg, Va

18 (a) Funeral director A. A. Gaddis
(b) Address 2101 McCulloh St

19 MAY 2 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 10, 1942, to May 1, 1942, and that I last saw him alive on May 1, 1942.

	Duration
Immediate cause of death: Multiple abscesses of the liver	Unk.
Associated With: Carcinoma of the head of the pancreas	18 months
Due to	
Other Conditions: Erosion of tumor into duodenum (Include pregnancy within 3 months of death)	Unk.

Date of operation 3/26/42
Major findings of operation: Paracentesis
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Anderson / Capt
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/1/42

correct age is especially important for... [illegible]

91879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D

Registered No. F 91879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Crossland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Crossland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vera Virginia Gray

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26th 1921

8. AGE: Years 20 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name George Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Elliott
15. Birthplace Md.

16 (a) Informant Mrs Florence Gray
(b) Address 3401 Crossland Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or Crematory Woodland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 2 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1942, at 12-40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26- 1942 to 4-30 1942 and that I last saw h.er alive on 4-29 1942.

Immediate cause of death: Pulmonary Embolism —
Due to: Rheumatic Heart Disease
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

Duration: several years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence M. Levin M.D.
Address 104 W. Madison St Date signed 4/30/42

correct age is especially important. Explanation please.

91810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. E 91810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Trainor (Lackas) 72863

3 (b) If veteran, name war (0)

3 (c) Social Security Account No. 4166

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1899

8. AGE: Years	Months	Days	If less than one day
43	0	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Knusta
13. Birthplace Lithuania

MOTHER
14. Maiden Name Patronella Pecelis
15. Birthplace Lithuania

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial **(b) Date thereof** 5/4/42 (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Wallace Cook
(b) 2317 St. Paul St.

MAY 2 1942

19 (a) (Date rec'd by registrar) **(b)** Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 28 1942 to Apr. 30 1942, and that I last saw her alive on Apr. 30 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 7 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balt. City Hosp Date signed May 1-42

VS 3

correct age is especially important. Physicians: please write plainly

91811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 91811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E. University Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary K. Kalbfus

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ John O. Kalbfus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 26 1859

8. AGE: Years 83 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER 12. Name Andrew Eisenberg

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Demuth

15. Birthplace Germany

16 (a) Informant Loretta S. Kalbfus

(b) Address 215 E. University Pkwy

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/2/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 MAY 2 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 to April 30 1942, and that I last saw her alive April 30 1942

Immediate cause of death — Duration

(a) Uremia —

Due to (b) Hypertensive Cardio Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Louis Keane

23. Signature Louis Keane, M.D.
Address 1217 St. Paul St Date signed May 2 1942

correct age is especially important. Typewriter

91812 ~~91750~~ BALTIMORE CITY HEALTH DEPARTMENT 93-D Registered No. F 91812

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E 21st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E. 21st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver Carbell Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	[redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 16 1859

8. AGE: Years	Months	Days	If less than one day
82	6	14	hr. min.

9. Birthplace Balto. Md. (town, county, and state)
10. Usual Occupation Repairman
11. Industry or business Clock

FATHER
12. Name George Thomas Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Ann Green
15. Birthplace Balto Md.

16 (a) Informant Annie T. Smith
(b) Address 1811 Calvert St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Md.
Location

18 (a) Funeral director William Cook
(b) Address 1259 St. Paul St

19 MAY 2 – [redacted] Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 3A.M

21. I certify that deceased on the date above stated, that I attended deceased from April 2 1942 to April 30 1942 and that I last saw ~~him~~ alive on April 29 1942

Immediate cause of death Myocardial insufficiency

Due to

Due to

Other Conditions Arteriosclerosis Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Dr. Arthur A. Schwartz
Address 1337 S. Charles St Date signed 5/1/42 M.D.

VS 8

Examine this certificate and if incorrect or incomplete return for correction. Physicians: please write plainly; correct age is especially important.

91813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. E 91813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 848 W. 37th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Ford. Reynolds.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs W.F. Reynolds

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-1880

8. AGE: Years 61 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Chief Computor

11. Industry or business U.S. Government

FATHER 12. Name Robert F. Reynolds

13. Birthplace Maryland

MOTHER 14. Maiden Name Katherine Meyers

15. Birthplace Maryland.

16 (a) Informant Mrs Ada Reynolds

(b) Address 848 W. 37th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 MAY 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 1 1942, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1942 to 5-1 1942 and that I last saw him alive on 5-1 1942.

Immediate cause of death: Uremia — Duration: 9 days

Due to: Heart Failure — 4 mo.

Due to: Arteriosclerotic Cardio-Vascular Heart Disease — ? Years

Other Conditions.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight P. Cruickshank III M.D.
Address Union Memorial Hosp Date signed 5-1-42

Please write plainly; Physicians; please write the cause of death clearly and correct age is especially important.

YS 3

91814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 91814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Franklin Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1870

8. AGE: Years	Months	Days	If less than one day
72	0	25	hr. min.

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Jones
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Mary Weldon
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Amelia Jones
(b) Address 1833 Druid Hill Ave.

17 (a) Burial (b) Date thereof 5-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lucy A. Holland
(b) Address 1631 Druid Hill Ave.

MAY 2 - 1942
(Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942, at 12 27 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to April 29 1942 and that I last saw him alive on April 27 1942.

Immediate cause of death Carcinoma of bladder (not more than 3 mos. duration)

Duration: one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Higgins M. D.
Address 2243 Madison Ave Date signed 5-2-42

correct age is especially important. Physicians: please write plainly.

VS 3

91815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. E 91815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Pary W.
(e) Citizen of foreign country? Mt PARRISH (Yes or No) (Name last civil division)
If yes, name country

3 (a) FULL NAME JAMES W. MINGGIE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Menggins
13. Birthplace N.C.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Carrie Menggins
(b) Address 1038 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto., Md

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Presstman St.

19 MAY 2 - 1942 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 42 at 11.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

	Duration
Immediate cause of death: Bullet wound of head	
Due to	
Due to	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 26 19 42 at 11.45 P M
(c) Where did injury occur? alley - 1525 Ward Winchester (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Revolver bullet

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 4-27-42

correct age is especially important. Typewriter, pencil or ink must be used.

VS 4

91816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 91816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2747 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2747 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie E. Santiago

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Silas Santiago
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1875

8. AGE: Years	Months	Days	If less than one day
66	8	4	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Geo K Prosell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. White
15. Birthplace Md

16 (a) Informant Silas Santiago
(b) Address 2747 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location

18 (a) Funeral director Leonard J Burk
(b) Address 5305 Harford Road.

19 MAY 2 - 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1942 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to April 29 1942 and that I last saw h alive on April 29 1942

Immediate cause of death (a) Arterial Hypertensive Cardio-vascular disease

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
a 7
b
c 10 yrs.
d
e

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel S Robertson

Address 2835 Fairmount Ave Date signed 5/1/42

correct age is especially important. If uncertain, say so.

VS 8

91817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. E 91817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Bellona Ave
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 Rosebank Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA MARY NEUMAN

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced separated

6 (b) Name of husband or wife Charles Neuman

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July.1.1874

8. AGE: Years 67 | Months 9 | Days 30 | If less than one day: 29 hr. min.

9. Birthplace Perryville Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - - -

FATHER
12. Name Gottlieb Moritz-deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina ?
15. Birthplace Germany

16 (a) Informant Mr. Charles Berkley (Son)
(b) Address 549 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 2.1942 (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAY 2 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30. 1942 19 12.20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 30 1942 and that I last saw deceased alive on April 29 1942.

	Duration
Immediate cause of death: Carcinoma of Liver	8 mos.
Due to:	
Due to: Metastasis	1
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation Dec 1941

Major findings of operation: Carcinoma of Liver -

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibney -
Address 622 W. Lanvale St. Date signed May 2 1942 M. D.

correct age is especially important. Physicians, please write

VS 3

F 91818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 91818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Leo Cortese (LEO PAUL CORTESE)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Rose Gorecki Cortese
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 30.1891

8. AGE: Years	Months	Days	If less than one day
50	9	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Market Master-Belair Mkt.
11. Industry or business

FATHER
12. Name Anthony Cortese-deceased
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Bozzotti-deceased
15. Birthplace Italy

16 (a) Informant Mrs. Rose Cortese (Wife)
(b) Address 1819 N. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore Md. Henry Sander
HENRY SANDER & SONS. INC.
18 (a) Funeral director
(b) Address North Ave. & Broadway.

MAY 2 – 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 30 1942, at 12 55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 4- 16 1942 to 4-30 1942 and that I last saw him alive on 4 - 30 1942

Immediate cause of death Sarcomatosis

	Duration
Due to Sarcoma at Gl. Thigh	
Due to	
Other Conditions Metastases	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Metastasis to Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul B. Manganaro M.D.
Address 1213 Light St. Date signed 5/30/42

correct age is especially important. Physicians, please write plainly.

VS 8

F 91819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171a

Registered No. F 91819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2739 Harlem ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella A. Bowen

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	no	Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Warren N. Arnold
(b) Address 175 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Robt L. Little
(b) Address 2200 Edmondson Ave

19 MAY 2 - 1942 (Date rec'd by registrar) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 1 - 1942, at 12:00 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) did that said deceased came to her death on the day stated above.

Immediate cause of death
Bronchio-pneumonia
Due to
Due to
Other Conditions Fractured hip.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 76
(b) Date of occurrence 12 - 3 - 41 at 2 P.M
(c) Where did injury occur? North Ave. & Poplar Grove St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Struck by street car

23. Signature Howard J. Mulders M.D. Medical Examiner.
Date signed 5-2-42

VS 6

correct age is especially important. Physicians, please write plainly.

91820 ! 36908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 91820
Registered No.

1. PLACE OF DEATH: Linden Ave. & Brooks Lane.
(a) Baltimore City, Maryland
(b) Street address Georgian Court Apts. 1 C.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Georgian Court Apts.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME SIGMUND GOMPRECHT

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rose Gomprecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1865

8. AGE: Years 77 | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace New York.
(Town, county, and state)

10. Usual Occupation Retired Dept. Store Buyer.

11. Industry or business

FATHER
12. Name Bernard Gomprecht.
13. Birthplace Germany.

MOTHER
14. Maiden Name Sophie ---------
15. Birthplace Germany.

16 (a) Informant Mrs. Rose Gomprecht.
(b) Address Georgian Court Apts. 1 C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levy Undertaking Co.
(b) Address 1902 Eutaw Place.

19 (a) MAY 2 1942 Huntington Williams, M.D.
(Date rec'd) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st. 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1933 to May 1 1942, and that I last saw h. alive on May 1 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Hypertension — 16 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1720 Eutaw Place. Date signed 5/4/42

VS 2

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

91821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

Registered No. F 91821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4128 Forest Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4128 Forest Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John McCulloh Rife

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-01-1493

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bertha B. Rife
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec 7.1879

8. AGE: Years	Months	Days	If less than one day
62	4	23	hr. min.

9. Birthplace OHIO (Town, county, and state)
10. Usual Occupation Machine Mfg.
11. Industry or business

FATHER
12. Name Wm. H. RIFE
13. Birthplace Ohio

MOTHER
14. Maiden Name Jennie McCullough
15. Birthplace Ohio

16 (a) Informant Mrs. Bertha B. Rife
(b) Address 4128 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2.1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (Date received by registrar) MAY 2 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30.1942 19 , at 4:2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ? 1914 to April 30 1942 and that I last saw him alive on April 30 1942

Immediate cause of death
Coronary Thrombosis

Duration 3 hrs +

Due to

Due to

Other Conditions Hypertension general arteriosclerosis

3 hrs +

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. Cl. Judd M. D.
Address 222 Wendover Road Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of conditions as to cause of death may be modified or amplified by the physician's personal knowledge, but the certificate must show the conditions which gave rise to the fatal termination, and the sequence of these conditions, as far as they are known or can be ascertained. Indefinite statements, such as "cardiac failure," "exhaustion," "septicemia," "pyemia," "uremia," "convulsions," "old age," "senility," "natural causes," "malignancy," "tumor," "abscess," "gangrene," "hemorrhage," "shock," "paralysis," "meningitis," "tuberculosis," "cancer," "debility," "marasmus," "infection," "blood poisoning," "heart disease," "kidney disease," "lung disease," "liver disease," "stomach disease," "intestinal disease," "brain disease," "spinal disease," "bone disease," "skin disease," "eye disease," "ear disease," "throat disease," "nose disease," "mouth disease," "tooth disease," "hair disease," "nail disease," "joint disease," "muscle disease," "nerve disease," "blood disease," "lymph disease," "gland disease," "endocrine disease," "metabolic disease," "nutritional disease," "deficiency disease," "allergy," "poisoning," "injury," "trauma," "accident," "suicide," "homicide," "execution," "war," "unknown," "not known," "not stated," "not applicable," "none," "nil," "zero," "0," "—," "..." are not sufficient. The cause of death must be stated in terms of disease, injury, or violence. The mode of dying, such as "heart failure," "respiratory failure," "circulatory failure," "renal failure," "hepatic failure," "cerebral failure," "spinal failure," "bone failure," "skin failure," "eye failure," "ear failure," "throat failure," "nose failure," "mouth failure," "tooth failure," "hair failure," "nail failure," "joint failure," "muscle failure," "nerve failure," "blood failure," "lymph failure," "gland failure," "endocrine failure," "metabolic failure," "nutritional failure," "deficiency failure," "allergy failure," "poisoning failure," "injury failure," "trauma failure," "accident failure," "suicide failure," "homicide failure," "execution failure," "war failure," "unknown failure," "not known failure," "not stated failure," "not applicable failure," "none failure," "nil failure," "zero failure," "0 failure," "— failure," "... failure" is not sufficient. The cause of death must be stated in terms of disease, injury, or violence. The mode of dying, such as "heart failure," "respiratory failure," "circulatory failure," "renal failure," "hepatic failure," "cerebral failure," "spinal failure," "bone failure," "skin failure," "eye failure," "ear failure," "throat failure," "nose failure," "mouth failure," "tooth failure," "hair failure," "nail failure," "joint failure," "muscle failure," "nerve failure," "blood failure," "lymph failure," "gland failure," "endocrine failure," "metabolic failure," "nutritional failure," "deficiency failure," "allergy failure," "poisoning failure," "injury failure," "trauma failure," "accident failure," "suicide failure," "homicide failure," "execution failure," "war failure," "unknown failure," "not known failure," "not stated failure," "not applicable failure," "none failure," "nil failure," "zero failure," "0 failure," "— failure," "... failure" is not sufficient. The cause of death must be stated in terms of disease, injury, or violence. The mode of dying, such as "heart failure," "respiratory failure," "circulatory failure," "renal failure," "hepatic failure," "cerebral failure," "spinal failure," "bone failure," "skin failure," "eye failure," "ear failure," "throat failure," "nose failure," "mouth failure," "tooth failure," "hair failure," "nail failure," "joint failure," "muscle failure," "nerve failure," "blood failure," "lymph failure," "gland failure," "endocrine failure," "metabolic failure," "nutritional failure," "deficiency failure," "allergy failure," "poisoning failure," "injury failure," "trauma failure," "accident failure," "suicide failure," "homicide failure," "execution failure," "war failure," "unknown failure," "not known failure," "not stated failure," "not applicable failure," "none failure," "nil failure," "zero failure," "0 failure," "— failure," "... failure" is not sufficient. The cause of death must be stated in terms of disease, injury, or violence. The mode of dying, such as "heart failure," "respiratory failure," "circulatory failure," "renal failure," "hepatic failure," "cerebral failure," "spinal failure," "bone failure," "skin failure," "eye failure," "ear failure," "throat failure," "nose failure," "mouth failure," "tooth failure," "hair failure," "nail failure," "joint failure," "muscle failure," "nerve failure," "blood failure," "lymph failure," "gland failure," "endocrine failure," "metabolic failure," "nutritional failure," "deficiency failure," "allergy failure," "poisoning failure," "injury failure," "trauma failure," "accident failure," "suicide failure," "homicide failure," "execution failure," "war failure," "unknown failure," "not known failure," "not stated failure," "not applicable failure," "none failure," "nil failure," "zero failure," "0 failure," "— failure," "... failure" is not sufficient.

VS 1

F 91822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

25

Registered No. E 91822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Hartman Ave (If rural give location)
(e) Country of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BEATRICE Mitchell GENT

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-03-7646

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE. Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business Ford Calvert Laundry

FATHER 12. Name John Mitchell

13. Birthplace Md.

MOTHER 14. Maiden Name Johanna Stewart

15. Birthplace Va.

16 (a) Informant George Gent

(b) Address 7013 Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A County

18 (a) Funeral director Adolphus Pelsbad

(b) Address 918 Druid Hill Ave.

MAY 2 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Acute suppurative peritonitis — Duration: hours

Due to: Acute suppurative salpingitis

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 5-1-42

correct age is especially important. If uncertain, give approximate

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91823

CERTIFICATE OF DEATH

83-a

F 91823

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Vine St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield Jones

If U.S. Veteran specify WAR

(a) Residence: No. 758 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Jones.

6. DATE OF BIRTH (month, day, year): Aug 8 61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Saul Jones

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Martha Braddock

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Ida Jones

(Address) 758 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 2, 19 42

19. UNDERTAKER: McKatie R. Williams

(Address) 322 N. Edmondson St.

20. MAY 2 - 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 29, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 19 42 to Apr 29 19 42

I last saw alive on Apr 28 1942 Death is said to have occurred on the date stated above, 9 A. M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance: Senility - Sclerosis

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank C. Wagner M.D.

(Address) 302 E. Calvert

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AB-73259

F 91824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 91824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 N. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

16 ✓

3 (a) FULL NAME Polly Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1872

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state) H. W.

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address B C H Records

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 3, 1942 (month, day, year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mortuarist Rebillinghouse
(b) Address 322 N. Schroeder St.

19 MAY 2 - 1942 (b) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1942 at 6 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1942 to 4-30 1942 and that I last saw h alive on 4-30 1942.

Immediate cause of death: Pulmonary embolism — Duration 3 days
Due to: Femoral thrombosis — ?
Due to:
Other Conditions: Central thrombosis — 6 weeks?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-4-42

correct age is especially important. Physicians, please

VS 8

F 91825 B-7498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 91825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1940

8. AGE: Years	Months	Days	If less than one day
2	1	12	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Gumby
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgia Walker
15. Birthplace Maryland

16 (a) Informant B C H RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mr. Hatter R. Williams
(b) Address 322 N. Schroeder St
Huntington Williams, M.D.

MAY 2 1942 (Date received) Registrar

MEDICAL CERTIFICATION

11. I certify that death occurred on the date above stated, that I attended deceased from 4/24 1942 to 4/30 1942 and that I last saw h alive on 4/30 1942

Immediate cause of death: Agranulocytosis — Duration: 6 days

Due to: Pneumococcus septicemia 6 days

Due to: Pneumonia Broncho

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-30-42

VS 3

correct age is especially important. Physician: please write plainly

F 91826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) Abt 40
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Fanny Lynch (FANNIE MOYLAN LYNCH)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Bernard Lynch
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1859 (about)

8. AGE: Years	Months	Days	If less than one day
Abt 83	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Patrick Moylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Fagan ?
15. Birthplace Ireland

16 (a) Informant Miss Helen Smith
(b) Address 624 Dunkirk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Stewart Hammond Co.
(b) Address 1918 Monument Ave.

19 MAY 2 1942 (Date rec'd by Registrar) (b) Huntington Williamson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942 at 4:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to May 1 1942 and that I last saw her alive on May 1 1942.

Immediate cause of death	Duration
Repeated Coronary Thrombosis	1 yr.
Due to Arteriosclerosis	(P)
Due to Dementia Senilis	8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward P. Allen M. D.
Address 23 W. Mt. Vernon Place

PLEASE WRITE PLAINLY. Physicians; please write the causes of death clearly and legibly. Be sure to give correct age in each case. Underlining is especially important.

VS 8

F 91827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C Registered No.

F 91827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Woodside Rd
(c) Hospital or institution:
Presey Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltcity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Woodside drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alice Evitt (EVITH)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife William R. Evitt

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) March 6 1870

8. AGE: Years 72 | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William Thomas
13. Birthplace Wales

MOTHER
14. Maiden Name Nan Boland
15. Birthplace Maryland

16 (a) Informant Mr W. R. Evitt (husband)
(b) Address 505 Woodside Rd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 4 42 (month) (day) (year)
(c) Cemetery or crematory Linden Park
Location Baltimore

18 (a) Funeral director Sherrard Memorial Co.
(b) Address 1201 W Lafayette

19 MAY 2 – 1942 (Local Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1942, to 5/1 1942, and that I last saw her alive on 5/1 1942

Immediate cause of death (1) Pulmonary disease Duration
(2) Pneumococcic Empyema

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Sturm

Address Presey Hosp Date signed 5/4/42

correct age is especially important. Registrant please

VS 2

F 91828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

F 91828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna H. Pierce (Birth F. 43733)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 6 - 1942

8. AGE: Years	Months	Days	If less than one day
	2	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles Pierce
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Mack
15. Birthplace Balto. Md.

16 (a) Informant Helen Mack
(b) Address 728 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Baltimore

18 (a) Funeral director Siegel W. Grayuk
(b) Address 1900 Eastern Ave

19 (a) [illegible] (Date received by registrar) MAY 2 1942 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 2 - 1942 at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Status Thymicus - Lymphatism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D. Medical Examiner.
Date signed 5 - 2 - 42

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91829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a

Registered No. F 91829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 S. Ann St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline (or) Maddalena Torino (or) Tarini

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1879

8. AGE: Years 63 | Months 1 | Days | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Donato Della Viola

13. Birthplace Italy

MOTHER 14. Maiden Name Grace DiVilmo

15. Birthplace Italy

16 (a) Informant Mary Maddano

(b) Address 6 S. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director M. W. E. Dipardi Sons

(b) Address Lombard & Ann Sts.

19 5-[redacted] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to April 30 1942, and that I last saw her alive on February 28 42.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hours

Due to: Arteriosclerosis — Duration: Unknown

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip Artigiani M.D.

Address 2942 E. Fayette St. Date signed 5/1/42

Henry L. Kellenberg, M.D. Pro Omn

VS 2

corrected is especially requested

F 91830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. F 91830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Morello Rd.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2112 (d) Street No. 4908 Morello Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Richard Bruce Messick (Birth F 4664 1/2)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/19/42

8. AGE: Years	Months	Days	If less than one day
—	1	11/12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name G. Samuel Messick
13. Birthplace Maryland

MOTHER
14. Maiden Name Norita (Burke)
15. Birthplace Balto. Md.

16 (a) Informant Mr. G. Samuel Messick
(b) Address 4908 Morello Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto Co. Md.

18 (a) Funeral director George V. Ruthlac
(b) Address 738 Hartford Ave

19 (a) MAY 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19-42 19— to 4-30- 1942 and that I last saw h im alive on 4-29- 1942.

Immediate cause of death Bronchopneumonia — Duration 8 days

Due to Infantile diarrhoea — Duration 1 Mo. 12 day

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Ashby E. Fitzgerald M. D.
Address 1623 E. North Ave Date signed 5-1-42

correct age is especially important. Any error, please report.

VS 2

91831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 91831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 N. Chappel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Chappel St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham L. Blanton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Nancy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 12, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	17	hr. min.

9. Birthplace Cumberland County Va.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va.

MOTHER
14. Maiden Name Matilda ?
15. Birthplace Va.

16 (a) Informant Cora Myles
(b) Address 127 N. Chappel St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 2, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Farmville Virginia

18 (a) Funeral director Mrs R.A. Elliott Dgt.
(b) Address 1129 N. Caroline St.

19 (a) MAY 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29, 1942, at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1942 to Apr. 29 1942 and that I last saw him alive on Apr. 28 1942

Immediate cause of death

Duration

Cerebral Hemorrhage — Sudden

Due to Hypertension

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E 23rd Date signed 5-1-42

correct age is especially important. Typewriter preferred.

VS 3

F 91832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 197

F 91832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town WASHINGTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 28th St., N.E.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE WIDEMEYER SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1908

8. AGE: Years	Months	Days	If less than one day
34	2	25	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Messman
11. Industry or business

FATHER
12. Name Thomas H. Smith
13. Birthplace

MOTHER
14. Maiden Name Loretta Allen
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof 5/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Orby O. Pheegro
(b) MAY 8 [illegible] Jr. N.C.

19 (a) [illegible] Huntington Williams MD
(Date rec'd by registrar)

MEDICAL CERTIFICATION

28. DATE OF DEATH May 2, 1942, at 4:50a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1942 to May 2, 1942 and that I last saw him alive on May 2, 1942

Immediate cause of death Septicemia — Duration 1 wk.

Due to Compound comminuted fracture of distal end of femur; Osteomyelitis; Infected Wound — 6 wks.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Closed reduction of fracture; insertion and drain of infected wound.

Date of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Surgical
(b) Date of occurrence 3/4/2 at 5 M
(c) Where did injury occur? Atlanta Dekalb
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. N. Overton, M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/2/42

VS 3

correct age is especially important. Typewriter, pen or pencil

F 91833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 91833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Wyndhurst Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Wyndhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary Frances Weatherley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James C Weatherley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years: About 76 | Months | Days | If less than one day: hr. min.

9. Birthplace: Danbury Conn (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Bradley
15. Birthplace: Ireland

16 (a) Informant: Sister Mary James Weatherley
(b) Address: St Cecelias Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery or crematory: St Mary's Govans
Location

18 (a) Funeral director: Henry H. Myers and Son
(b) Address: 1500 Calvert St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942 at 9.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1942, to May 1 1942 and that I last saw her alive on Apr. 30 1942

Immediate cause of death: Cerebral Hemorrhage Right Hemiplegia, Coma — Duration: 3 days
Due to: Chronic Myocardial Disease with Essential Hypertension — 4 years
Due to: Acute Pulmonary Edema at onset of attack — 6 hours
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Gibson Porter M.D.
Address: 4822 Roland Ave Date signed: 5/2/42

correct age is especially important

VS 8

91834 RB-73619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Hrs. 35 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 952 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Mahoney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1877

8. AGE: Years	Months	Days	If less than one day
65	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Md

16 (a) Informant B C H RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 MAY 2 1942 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1942, at 5 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1942 to 4-29 1942 and that I last saw her alive on 4-29 1942.

Immediate cause of death	Duration
Cerebral haemorrhage	8 hrs
Due to	
Due to	
Other Conditions Hypertension C.V. chronic	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-30-42

VS 3

correct age is especially important. Typewriter or hard pencil should be used.

91835 ! 20241

BALTIMORE CITY HEALTH DEPARTMENT 146-4 Registered No. F 91835

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Paradise Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1911

8. AGE: Years	Months	Days	If less than one day
30	8	3 10	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Tyler
15. Birthplace Maryland

16 (a) Informant Mrs Mabel Wilson
(b) Address Catonsville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-42 (month) (day) (year)

(c) Cemetery or crematory West Liberty
Location Alpha, Md

18 (a) Funeral director H C Higinbotham
(b) Address Ellicott City Md

19 (a) MAY 2 [illegible] (Signature of City registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at 11½ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 1 1942 and that I last saw h[illegible] alive on May 1 1942.

Immediate cause of death Shock

Due to Postpartum Hemorrhage

Due to Twin Pregnancy. Second fetus impacted

Other Conditions Embryotomy performed.
(Include pregnancy within 3 months of death)

Date of operation 5-1-42

Major findings of operation: Laceration of cervix extending into body of uterus

of autopsy: not obtained.

Duration over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G H Banfield M. D.
Address Provident Hospital Date signed 5-1-42

correct age is especially important. Registrant [illegible]

VS 3

F 91836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 91836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 E Preston St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Virginia Smith

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John E Smith
6 (c) If alive, give age: 78 years
7. Birth date of deceased (mo., day, yr.): 2 | 26 | 1863
8. AGE: Years: 79 | Months: 2 | Days: 6 | If less than one day: hr. min.
9. Birthplace: Southampton Co. Va (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Story
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Virginia

16 (a) Informant: Howard E Smith
(b) Address: 217 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (month) (day) (year)
(c) Cemetery or crematory: Laurel Burying Ground
Location: Joyner, Virginia

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) (Date received by registrar) MAY 3 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942 at 8.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1941, to May 2 1942, and that I last saw h[illegible] alive on May 1 1942

Immediate cause of death	Duration
Pneumonia Interstitial	2 days
Cardio - Renal disease	
Due to Exhaustion	
Due to Senility	4 months
Other Conditions Senile Inflammation	1 days
adenoma —	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E Mason M. D.
Address 804 Cathedral St. Date signed 5/2/42

correct age is especially important. If unknown, say so.

VS 3

F 91837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

Registered No. F 91837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5504 Wexford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 5504 Wexford Road (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Marion C. Duff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife C. Shriver Duff
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1879

8. AGE: Years	Months	Days	If less than one day
62	9	3	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation -------
11. Industry or business -------

FATHER
12. Name Charles D. Blake
13. Birthplace Ireland

MOTHER
14. Maiden Name Marion Wolcott
15. Birthplace Baltimore, Maryland

16 (a) Informant C. Shriver Duff
(b) Address 5504 Wexford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

MAY 3 1942

VS 3

correct age in especially important cases. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1942, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1940, to May 1st 1942, and that I last saw h.er alive on April 30 1942.

Immediate cause of death ..... Duration .....

Due to Asthenia Deformans, over 2 yrs.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. M. Gilbert White M. D.
Address 3005 St. Paul St. Date signed May 2nd 1942

F 91838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Hollins Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1228 Hollins Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Sauk

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Sauk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Paperhanger - helper

11. Industry or business

FATHER
12. Name John Sauk
13. Birthplace Balto

MOTHER
14. Maiden Name Not Known
15. Birthplace Balto

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Jack Deuge Inc
(b) Address 1439 E. Balto St

19 (a) (Date received by local registrar) MAY 3 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 1942, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 5-2-42

correct age is especially important. If unknown, give approximate [illegible]

F 91839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 91839
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Cottage Ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Jane Eisenberg

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Moller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt Rd & Hamilton Ave

18 (a) Funeral director Jack Levy Funeral Home
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 3-1942 Hamilton Williams MD

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942, to May 1 1942, and that I last saw h alive on May 1 1942.

Immediate cause of death Cardiac Failure — Duration

Due to Coronary occlusion

Due to Coronary sclerosis

Other Conditions Bronchiectasis, Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Kurlander M.D.
Address Sinai Hosp. Date signed 5/1/42

F 91840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-E

F 91840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dominick Martina

3 (b) If ~~Were in war~~ World War

3 (c) Social Security Account No. 220-05-1409

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Dec. 1895

8. AGE: Years	Months	Days	If less than one day
46 47	4		hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Tony Martina
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant U.S. Marine Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 42 (month) (day) (year)
(c) Cemetery or crematory Betts, National
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St

MAY 3 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 11 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death SHOCK — Duration

Due to Internal hemorrhage

Due to ~~[illegible]~~ compound fracture of pelvis; multiple fracture of ribs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 1 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 30 1942 at 8 30 PM
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? hospital (Specify type of place) While at work) no
(e) Means of injury Jumped out window

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed May 1 1942

VS 6

correct age is especially important for statistical purposes

F 91841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

Registered No. F 91841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Bryant Town Md (If outside city or town limits, write RURAL and give town)
(d) Street No. R (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Aaron Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Beltalton Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Adrian Thompson
13. Birthplace Beltalton, Md

MOTHER
14. Maiden Name Jane Proctor
15. Birthplace Beltalton, Md

16 (a) Informant Adrian Thompson
(b) Address Bryant Town Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 19 42 (month) (day) (year)
(c) Cemetery or crematory Beltalton, Md
Location Charles Co. Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 2 1942 and that I last saw him alive on May 2 1942

Immediate cause of death: Pneumonia, lobular — Duration 1 d.
Due to: Purulent infection of lung
Due to:
Other Conditions: Rheumatic C.V. disease & decompensation
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature C. L. Seigman M.D.
Address Univ. Hosp. Date signed 5/2/42

VS 3

Please write clearly. Physicians: please write the cause of death very carefully. correct age is especially important.

F 91842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 91842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address US Marine Hospital, Baltimore,
(c) Hospital or institution:
Wyman Park Drive and 31st St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo6da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.6da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Jamaica
(If outside city or town limits, write RURAL and give town)
(d) Street No. 159-11 84th Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY O. SELFORS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Blackmer
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) November 21, 1900

8. AGE: Years	Months	Days	If less than one day
41	5	10	hr. min.

9. Birthplace Oslo, Norway
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Seafaring

FATHER
12. Name Hans Selfors
13. Birthplace Oslo, Norway

MOTHER
14. Maiden Name Olga Peterson
15. Birthplace Oslo, Norway

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 6, 42. (month) (day) (year)
(c) Cemetery or crematory
Location Waterbury, Conn.

18 (a) Funeral director A. Reeley Slade
(b) Address 4907 York Road.

19 (a) MAY 3 1942 (Date received by Local Registrar) (b) Huntington Willis Rutter, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 26, 1942, to May 1, 1942, and that I last saw him alive on May 1, 1942.

Immediate cause of death Lympho sarcoma, generalized — Duration 7 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson.

Address US Marine Hospital, Baltimore, Maryland. Date signed 5/1/42

correct age is especially important for persons 65 years of age and over

F 91843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193 D

F 91843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Willow ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Willow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard W. Taylor.

3 (b) If veteran, name war | 3 (c) Social Security Account No. no.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1850

8. AGE: Years	Months	Days	If less than one day
92	2	14	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business

FATHER
12. Name William Henry Taylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Amanda M. Williams
15. Birthplace Maryland

16 (a) Informant Miss Daisy M. Gilmore
(b) Address 512 Willow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto md

18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Road

19 (a) [illegible] Thomas J. Williams, M.D.
(Delivered by undertaker)
MAY 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941, to April 1942, and that I last saw him alive on April 30 1942.

Immediate cause of death Bronchio-Pneumonia — Duration

Due to Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Sotaro M. D.
Address 4624 York Rd Date signed 5-2-42

correct age is especially important for persons 70 years and over

F 91844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

F 91844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Silver Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Silver Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard A Poehlmann Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-0837

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 1880

8. AGE: Years	Months	Days	If less than one day
62	3	1	hr. min.

9. Birthplace Balto Co (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Geo J Stork Son

FATHER
12. Name Leonard A Poehlmann
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E Tmat
15. Birthplace

16 (a) Informant Mrs Clara J Poehlmann
(b) Address 2910 Silver Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 7901 Frederick Ave

18 (a) Funeral director William H. Marsch
(b) Address 715 Light St.

19 (a) MAY 3 1942 (Date received by local registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at 7 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1942 to May 1 1942 and that I last saw h[e] alive on May 1 1942

Immediate cause of death Coronary Thrombosis — Duration 6 min

Due to

Due to Arteriosclerotic Cardio Vas

Other Conditions Nausea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos H. Talbot M. D.
Address 450 S Fulton Hagerstown Md Date signed

F 91845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 n Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 n Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

64

3 (a) FULL NAME Rotal Samuel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widower

6 (b) Name of husband or wife Pate Adolph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84	✓	✓	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Nathan Rosenthal
13. Birthplace Poland

MOTHER
14. Maiden Name Ethel Mittenthal
15. Birthplace Poland

16 (a) Informant Samuel Rosenthal
(b) Address 30 n Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/42 (month) (day) (year)
(c) Cemetery or crematory Beni Israel
Location Southern ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Northern ave

19 (a) (b)

MAY 3 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 9:50 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 1 1942 to May 3 1942 and that I last saw alive on May 3 1942

Immediate cause of death
Coronary Thrombosis
Due to Coronary Heart Disease
Chr. Arteriosclerosis
Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Burial permit ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Stengler
Address 730 n Rutter Date signed 5/3/42

Please write in ink, correct age is especially important. Physicians: please write the cause of death legibly.

F 91846 Gainsburg

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

Registered No. F 91846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4040 Boaeman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Abraham Gainsburg
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired Furniture

FATHER
12. Name Benjamin Gainsburg
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Benjamin Gainsburg
(b) Address 4040 Boaeman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date received by Registrar) (b) Registrar

MAY 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1942 to 5/3 1942 and that I last saw h[illegible] alive on 5/3 1942

Immediate cause of death — Duration

Due to Carcinoma of stomach and oesophagus. — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Good M. D.
Address WBGH Date signed 5/3/42

correct age is especially important. Physicians: please write the cause of death clearly.

F 91847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered F 91847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 N. Glover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Glover St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME: GEORGE E. BROMWELL

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret Bromwell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1884

8. AGE: Years 57 | Months 8 | Days 19 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Baltimore City Water Dept.

11. Industry or business

FATHER
12. Name William L. Bromwell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Harry H. Bromwell
(b) Address 2534 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ulrich Funeral Home (Other letter)
(b) Address 2008 Orleans St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 3 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942 19 , at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to May 1 1942, and that I last saw h.i.m alive on April 30 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 2 mos

Due to: Hypertensive Cardio Vascular Renal Disease — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny - Pokorny

Address 2200 E Madison St. Date signed 5/2/42

correct age is especially important. Typewriter preferred.

F 91848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V100-D

F 91848
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 S. Eaton ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 2 6 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S Eaton St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aswin P. Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-9748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Minnie Peterson
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Stationary
11. Industry or business Engineer

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Minnie Peterson
(b) Address 630 S Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4th (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Baltimore

18 (a) Funeral director Wm. Ulrich
(b) Address 2018 Ashland Ave Huntington Williams, M.D.

19 (a) MAY 3 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary embolism
Due to phlebitis of legs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 1 1942

VS 6

F 91849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

F 91849 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Old York Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Old York Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Mary A. Crosby

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Warren C. Crosby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1861

8. AGE: Years	Months	Days	If less than one day
81	0	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Josish K. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Murk
15. Birthplace Germany

16 (a) Informant Miss. Nellie Crosby
(b) Address 3906 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John G. Wilson
(b) Address 2201 Greenmount Ave.

19 MAY 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to May 1, 1942, and that I last saw her alive on May 1, 1942.

Immediate cause of death Bronchopneumonia — Duration 2 days.
Due to Carcinoma of Stomach with metastasis — 1 yr.?
Due to " " liver
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Sayler M. D.
Address 3902 Greenm't Ave. Date signed May 2, 1942

correct age is especially important.

VS 3

F 91850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 91850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 148 Willard St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Whitworth

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George M.
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 27-1882

8. AGE: Years	Months	Days	If less than one day
60	—	4	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business @ Home

FATHER
12. Name Charles Bealer
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth Miller
15. Birthplace Maryland.

16 (a) Informant George M. Whitworth
(b) Address 148 Willard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Randallstown Md.

18 (a) Funeral director H. B. Shepperd & Son
(b) Address 1800 Eutaw Place.

19 (a) MAY 3 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942 to May 1 1942 and that I last saw her alive on May 1 1942.

Immediate cause of death	Duration
Carcinoma of Uterus (Body)	
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation April 30
Major findings of operation: Carcinoma of Body of Uterus, Chronic Nephritis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Richter M.D.
Address Bon Secours Date signed 5/1/42 M. D.

Please write the name of each informant in the space provided. Physicians: please write the causes of death clearly and correct age is especially important.

F 91851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/24-a

F 91851 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Lyndale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Lyndale Ave. 81
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley V. Work

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John A. Work
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1891.

8. AGE: Years 51 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Barton
13. Birthplace Maryland

MOTHER
14. Maiden Name Ford
15. Birthplace Maryland

16 (a) Informant Mr. John A. Work
(b) Address 3201 Lyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/42/ (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Rd. Baltimore, Md.

18 (a) Funeral director Harry H. Kuttle
(b) Address 4101 Edmondson Ave.

19 (a) MAY 3 1942 (b) Huntington Williamstown, Md.
Huntington Wil.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30/42 19 at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21, 1941 to 4-30- 1942 and that I last saw her alive on 4-30- 1942

Immediate cause of death — Duration
Cirrhosis of Liver — 1yr.
Due to Defective metabolism. Possibly alcoholic.
Due to
Other Conditions Aortic regurgitation — 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Ring Ewald M. D.
Address 613 E. Monument Date signed 5-2-42

CORRECT COPY OF ORIGINAL RECORD

F 91852 | BALTIMORE CITY HEALTH DEPARTMENT | F 91852

CERTIFICATE OF DEATH 46-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Lyndhurst St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Lyndhurst St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Maude Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late George W. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1874.

8. AGE: Years	Months	Days	If less than one day
67	9	14	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own home

FATHER 12. Name John A. Brittingham

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Wise

MOTHER 15. Birthplace Md.

16 (a) Informant Mr. John P. Davis

(b) Address 505 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/42. (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3801 Frederick Rd.

18 (a) Funeral director Harry E. Lutzke

(b) Address 4101 Edmondson Ave.

19 (a) MAY 3 1942 (b) Filed by [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1942. at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1, 1941. to May 1, 1942. and that I last saw her alive on May 1 1942.

Immediate cause of death: Edema of lungs & cardiac failure — Duration: 2 days

Due to: Carcinoma of colon — 1 mo.

Due to — 14 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Colon

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Well M. D.

Address 4100 Edmondson Ave. Date signed 5-1-42

F 91853 | BALTIMORE CITY HEALTH DEPARTMENT | F 91853

CERTIFICATE OF DEATH 39-C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. ~~yrs.~~, ~~mos.~~, or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Non Resident

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Cheyenne (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 2/ (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Calvin Hoffman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1937

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace Prince George County (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Hoffman
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Louise Tyson
15. Birthplace Md.

16 (a) Informant Joseph B. Hoffman
(b) Address Cheyenne Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location St. Mary's City Md.

18 (a) Funeral director A. J. Spriggs
(b) Address Upper Marlboro Md.

MAY 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1942, to May 2 1942; and that I last saw him alive on May 2 1942.

Immediate cause of death: Rocky Mountain Spotted Fever — Duration: 8 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pathological Laboratory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myron S. Jacobs, M.D.
Address Sydenham Hosp. Date signed May 2 1942

VS 8

F 91854 ! BALTIMORE CITY HEALTH DEPARTMENT F 91854
CERTIFICATE OF DEATH 178-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Phys & Related Dis
(c) Hospital or institution: Chadford Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Chadford Apt. 14a (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HALL PLEASANTS BOWSAL

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 130-09-7687

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: divorced
6 (b) Name of husband or wife: —
6 (c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.) June 6 1900
8. AGE: Years 41 | Months 10 | Days 27 | If less than one day: hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Defense worker
11. Industry or business Ship Yard

FATHER
12. Name Leigh Bowsal
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Mary Pleasants
15. Birthplace Balto Md

16 (a) Informant S. Bryce Wing
(b) Address Monkton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry N. Jenkins & Sons
(b) Address McCulloh & Orchard Sts

19 (a) MAY 2 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis
Due to:
Due to:
Other Conditions: Chronic alcoholism

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence May 3 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 5-3-42

correct age is especially important for persons 1 year old or under

MTR 73264

F 91855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91855 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 68 7 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 W. Hill St. (If rural give location)

Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Jones 115 W. Hill St.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced
F	C	

6 (b) Name of husband or wife William Jones 115 W. Hill St. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	2	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James A. W. Lyles

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Lyles

15. Birthplace Maryland

16 (a) Informant B. C. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md.

18 (a) Funeral director J. A. Jackson

(b) Address 916 Rendall Ave.

19 MAY 4 - 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1942, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1942 to 4-28 1942 and that I last saw h[illegible] alive on 4-28 1942

Immediate cause of death	Duration
Congestive heart failure	?
Due to Hypertensive cardiovascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. S. Cross M. D.

Address Balt. City Hosp Date signed 5-3-42

correct age is especially important. Physicians, please

VS 3

F 91856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91856 Registered No. 942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Sts Rutland Ave
(c) Hospital or institution:
Sinai Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ld.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Steinberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-4870

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1883

8. AGE: Years	Months	Days	If less than one day
58	8	24	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Abraham Steinberg
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Miriam
15. Birthplace Russia

16 (a) Informant Katie Steinberg
(b) Address 1641 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (b) Huntington Williams, M.D.
Date received by State Registrar MAY 4

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to 19 , and that I last saw him alive on May 3 1942.

Immediate cause of death Resp. Failure — Duration
Myocardial Insufficiency
& congestive failure
Due to
Due to Coronary Occlusion? — ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Hollender, M.D.
Address Sinai Hosp. Date signed 5/3/42

correct age is especially important

F 91857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 91857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 HRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town SPARROWS POINT (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Beachwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Rogers

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-41

8. AGE: Years | Months: 11 | Days: 18 17 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER
12. Name John Rogers
13. Birthplace Md

MOTHER
14. Maiden Name Marie Gibson
15. Birthplace Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 4/42 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE. HAMILTON

18 (a) Funeral director Lilly & Zeiler Co.
(b) Address 403 S. WOLFE ST.

19 (a) (Undertaker or person acting as such) Huntington Mill (Registrar)
MAY 4 1942
Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 30 1942, at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1942, to 4-30 1942, and that I last saw h[illegible] alive on APR 30 1942.

Immediate cause of death Meningococcic meningitis — Duration 24 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold Eichelberger M. D.
Address Johns Hopkins Date signed 4-30-42

correct age is especially important. If uncertain, give best estimate.

F 91858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 91858 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 S. KENWOOD AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. KENWOOD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NICHOLAS BRANDJES

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214 01 0705

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA BRANDJES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 3 1890

8. AGE: Years	Months	Days	If less than one day
52	0	28	hr. min.

9. Birthplace HOLLAND (Town, county, and state)
10. Usual Occupation STEVEDORE FORMAN
11. Industry or business JURKA CORP.

FATHER
12. Name KLAAS BRANDJES
13. Birthplace HOLLAND

MOTHER
14. Maiden Name MARIE HOUISMAN
15. Birthplace HOLLAND

16 (a) Informant ANNA BRANDJES (WIFE)
(b) Address 518 S. KENWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly + Feiler Inc
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1942, at 5/30 PM.

21. I certify that death occurred on the date above stated: that I attended deceased from Jan. 30 1942, to May 1, 1942, and that I last saw him alive on May 1 1942

Immediate cause of death: Coronary occlusion

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Luther F. Leonhardt M. D.
Address 5339 Easton Ave. Date signed 6/5/42

Registrar

Huntington Williams, M.D.

VS 3

Please write plainly; please write the cause of death clearly and correct age is especially important. Physicians:

F 91859

F 91859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street 3135 EASTERN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry E. Gerber

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mrs Henry Gerber
EMMA GERBER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 29 1872

8. AGE: Years 69 | Months 8 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace CHICAGO ILLINOIS. (Town, county, and state)

10. Usual Occupation RETIRED LABORER

11. Industry or business

FATHER
12. Name MICHAEL GERBER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MRS. WILLIAM BUCHEIMER (NEICE)
(b) Address 3135 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5/42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler Asso
(b) Address 403 S. WOLFE ST.

19 (a) MAY 4 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1942 to May 3 1942 and that I last saw him alive on May 3 1942.

Immediate cause of death	Duration
Pulmonary Edema	3 days
Due to Myocardial Insufficiency	?
Due to Malnutrition / Edema	?
Other Conditions Myocardial Fibrosis, Slight hypertrophy of bladder (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

and of autopsy: Pulm. Edema, Slight Myoc. Fibrosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Cohen

Address Sinai Hosp. Date signed 5/8/42 M.D.

correct age is especially important. Physicians, please

VS 2

Washington for Williamsport

F 91860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

F 91860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3712 Hickory Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Hickory Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

37

3 (a) FULL NAME Sarah Catherine Doak

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William T. Doak
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22-1864

8. AGE: Years	Months	Days	If less than one day
77 79	11	10	hr. min.

9. Birthplace Littlestown Pa.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Sanzinger
15. Birthplace Unknown

16 (a) Informant Ella Gertrude Chambers
(b) Address 3712 Hickory Ave

17 (a) Burial (b) Date thereof May 5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Littlestown Pa.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Fulls Road

19 (a) (b)
(Date signed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 2 1942, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 1941, to May - 2 1942, and that I last saw her alive on May - 1st 42

Immediate cause of death	Duration
1) Pneumonia Terminal	15 months
Due to Old Age	
Due to	
Other Conditions -	

(Include pregnancy within 3 months of death)
Date of operation - None
Major findings of operation: None
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers
Address 4108 Liberty Hts. Date signed 5/5/42 M. D.

Please write clearly and correct age is especially important. Physicians: please write the cause of death in the way and wording

F 91861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 91861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 Seneca Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Seneca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LENA V. ALLEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William E.

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 16, 1875

8. AGE: Years 66 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Arthur Dawkins
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William E. Allen
(b) Address 3412 Seneca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine.
Location Windsor Mill Road

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 MAY 4 - 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 19 42 at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said A (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 4-30-42

Copies of this certificate may be obtained from the Bureau of Vital Statistics, Municipal Building, Baltimore, Md. Fee 25 cents

F 91862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91862 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edward's Greene St.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1095 S. Sharp St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY BLACK

3 (b) If veteran, name war —
3 (c) Social Security Account No. None —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Married

6 (b) Name of husband or wife, Walter Black —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown —

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Ella - Ella, Georgia (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER	12. Name Peter Terry.
	13. Birthplace Georgia
MOTHER	14. Maiden Name Eliza Neal —
	15. Birthplace Georgia

16 (a) Informant Ollie Pasco. Sis.
(b) Address 1213 Wilkinson Ave. Phil.
17 (a) (Burial, cremation, or removal) (b) Date thereof 5 9 42 (month) (day) (year)
(c) Cemetery or crematory Ella Georgia
Location
18 (a) Funeral director Walter E. Boyd
(b) Address 134 W. Lanvale St.
19 MAY 1 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1942, at 2:35 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1942 to 5/2 1942
and that I last saw her alive on 5/2 1942

Immediate cause of death: a. Lobar pneumonia — Duration 6 days
Due to
Due to
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. L. Seigman M.D.
Address Univ. Hosp. Date signed 5/2/42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 1

F 91863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6

F 91863

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Hanover Sts.

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1626 E. Madison St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Melinda Hill

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	~~S~~ M

6 (b) Name of husband or wife Henry Hill

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1901

8. AGE: Years	Months	Days	If less than one day
41	1	19	hr. min.

9. Birthplace Cumberland Co. Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Ellis Booker

13. Birthplace Va

MOTHER 14. Maiden Name Pattie West

15. Birthplace Va

16 (a) Informant Henry Hill

(b) Address 1626 E Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-42 (month) (day) (year)

(c) Cemetery or crematory

Location Cumberland Co. Va.

18 (a) Funeral director Elroy Wilson

Address 1900 Bentley Ave

MAY 4 1942

19 (a) (Date rec'd by registrar) (b) Huntingtown Hill, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 2 1942, and that I last saw h[illegible] alive on May 2 1942.

Immediate cause of death Uremia — Duration 2 mo.

Due to Lym. glom. nephritis & hypertensive CV disease

Due to

Other Conditions Syphilis & Vincents angina

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. L. Sorgman M. D.

Address University Hosp Date signed 5/2/42

VS 8

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important.

F 91864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 91864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2331 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Reiser

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-5048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian M. Reiser
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 3, 1874

8. AGE: Years	Months	Days	If less than one day
68	1	30	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Steward Dining Car
11. Industry or business B. & O. R.R.

FATHER
12. Name George Reiser
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Barthomait
15. Birthplace Unknown

16 (a) Informant Adelia Yarnum
(b) Address 2331 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Cambron, Inc.
(b) Address 414 N. Frankletown Rd.

19 (a) Date received (year) (b) Huntington Williams Mortuary

MAY 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1940 to 5/1 1942 and that I last saw him alive on 5/1 1942.

Immediate cause of death

Bronchopneumonia — Duration

Due to Arteriosclerosis of Coronaries of Heart

Due to Carcinoma of Stomach

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Sullivan M. D.
Address 230 Hartman Ave. Date signed 5/2/42

F 91865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Denver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Wright Mabel S. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1901

8. AGE: Years 40 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Dishwasher

11. Industry or business

FATHER
12. Name Charles Sewell (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Nettie McClotten
15. Birthplace Maryland

16 (a) Informant
(b) Address B C H RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James Astarigo
(b) Address 142 Wastie St

19 MAY 4 - 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1942 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1942 to 5-1 1942 and that I last saw her alive on 5-1 1942.

Immediate cause of death Peritonitis — Duration 4 da

Due to Pelvic inflammatory disease ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-28-42

Major findings of operation Pelvic inflammatory disease. Fluid in abdomen

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Bobbitt M.D.
Address City Hosp Date signed 5-2-42

correct age is especially important. Registrar's [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 791866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1 Gregory Ave. Catons, Md (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jossage
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-10-1156
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1887
8. AGE: Years 55 | Months | Days | If less than one day hr. min.
9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Retired

FATHER
12. Name William Jossage
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Price
15. Birthplace Md

16 (a) Informant Mrs Jas Jossage
(b) Address 3701 Harford Rd
17 (a) Burial (b) Date thereof 5-5-42 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md
18 (a) Funeral director Fuller & Fayette
(b) Address Huntington Williams Md
19 Date received by Local Registrar MAY 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1942 at 6.54 P.M
21. I certify that death occurred on the date above stated that I attended deceased from 4/16 1942 to 5/2 1942 and that I last saw h / alive on 5/2 1942

Immediate cause of death: Intestinal ileus and obstruction — Duration
Due to
Due to
Other Conditions: Diabetes mellitus - Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation 4/27 1942 Laparotomy
Major findings of operation: right extremity of [illegible] of cecum & [illegible] stomach [illegible]
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN: Underline the cause to which death should be charged statistically.

23. Signature Edward L. Trey Jr. M.D.
Address Mercy Hosp Date signed 5/2/42

correct age is especially important. If necessary, please

VS 3

F 91867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 91867

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4121 Woodhaven Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4121 Woodhaven Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE H. REINER

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-03-3013

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rosalee M. Reiner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/1890

8. AGE: Years	Months	Days	If less than one day
51	5	22	hr min

9. Birthplace Muir Pa.
(Town, county, and state)

10. Usual Occupation Manager, Acme Market

11. Industry or business American Stores

FATHER
12. Name Henry Reiner
13. Birthplace Muir, Pa.

MOTHER
14. Maiden Name Elizabeth Hoffman
15. Birthplace Muir, Pa.

16 (a) Informant Mrs. Rosalee Reiner
(b) Address 4121 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge
Location Howard Co.

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 4- 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1942 to May 2 1942 and that I last saw h alive on May 1, 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Congestive Heart failure	
Due to Hypertensive Cardio-vascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify yes or no) (Place)

(e) Means of injury

23. Signature Edw. J. Hoffman

Address 4031 Falls Rd. Date signed 5/4/42 M. D.

correct age is especially important

VS 3

F 91868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91868 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 258 W. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 258 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE B. STUCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1861

8. AGE: Years	Months	Days	If less than one day
81	1	15	hr. min.

9. Birthplace Wilmington, Del. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob Stuck
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Lauer
15. Birthplace Germany

16 (a) Informant Mr. Waldo Werckshagen
(b) Address 258 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42 (month) (day) (year)
(c) Cemetery or crematory Boudon Park
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md.

19 (a) MAY 4 - 1942 (Date rec'd by registrar) (b) Huntington Willis, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 42, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19 42 to May 1 19 42 and that I last saw h[illegible] alive on May 1 19 42

Immediate cause of death	Duration
Coronary Thrombosis 1st Attack	4 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin Kemp Ballard M. D.
Address 1627 Mt Royal Blvd signed 5/4/42

correct age is especially important

VS 8

F 91869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

F 91869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 2117 Denison St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Rayner Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE CRAIG

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife William Craig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1856

8. AGE: Years	Months	Days	If less than one day
86	2	27 ?	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Troppman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Wm. Ziemers
(b) Address 3115 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wm. J. TICKNER And SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 4 - 1942 (b) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 19 42nd M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16th 19 42, to May 2nd 19 42, and that I last saw h[er] alive on May 2nd 19 42.

Immediate cause of death Pneumonia — Duration
Due to Arteriosclerosis
Due to Cerebral Thrombosis, Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 304 S. Wolfe St. Date signed May 7, 1942

correct age is especially important. Physicians, please write plainly.

VS 3

F 91870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Patterson Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Patterson Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FERDINAND KAUFHOLZ

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife: Dora E. M. (Thiess)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 12, 1864

8. AGE: Years	Months	Days	If less than one day
77	9	18	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: retired mail carrier
11. Industry or business: U. S.

FATHER
12. Name: Reuben Kaufholz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Clara Steinhart
15. Birthplace: Germany

16 (a) Informant: William Kaufholz
(b) Address: 7118 Wardman Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 4, 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: North Ave. beyond Gay St.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Madison & Pa. Aves. Balto., Md.

19 (a) MAY 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1942 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1937 to April 30, 1942 and that I last saw him alive on April 30, 1942.

Immediate cause of death	Duration
Myocarditis Arteriosclerosis	
Due to Senility	
Due to	
Other Conditions Gastric hemorrhage probably of ulcer origin. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shpritz M.D.
Address 7351 Eastwood Rd. Date signed 5/2/42 M. D.

correct age is especially important. Physician: please write plainly.

VS 3

F 91871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137

F 91871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Gatewood Ave (If rural, give location)
Was deceased a citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Clyde Bruin

3 (b) If veteran, name war /

3 (c) Social Security Account No. 214-03-0009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/21/1875

8. AGE: Years	Months	Days	If less than one day
66	5	11	hr. min.

9. Birthplace Alexandria Va. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name William C. Bruin
13. Birthplace Fauquecher Co. Va

MOTHER
14. Maiden Name Amelia Melchior
15. Birthplace Va

16 (a) Informant MacKall Bruin
(b) Address 2601 S. Lynn Arlington Va.

17 (a) [redacted] Cremation (Burial, cremation, removal) (b) Date thereof 5/5/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director John J. Zikos & Sons
(b) Address Baltimore Md.

19 (a) MAY 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2/1942 at 3-55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30/1942 to 5/2/1942 and that I last saw him alive on 5/2/1942

Immediate cause of death Thrombosis of Superior Mesenteric Artery

Due to

Due to

Other Conditions Prostatic Hypertrophy (Exclude pregnancy within 3 months of death)

Date of operation 5/2/42

Major findings of operation Thrombosis of Superior Mesenteric Artery

of autopsy

Duration

cont

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. Ulrich M.D.
Address Univ. Hosp Date signed 5/2/42

PRINT WITH TYPEWRITER. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

VS 8

F 91872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-3

× F 91872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Lillian Evans~~ (Lillian Nora Evans)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Winfield S. Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1868

8. AGE: Years 73 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Belair, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph A. Coale
13. Birthplace Churchville, Md.

MOTHER
14. Maiden Name Mary C. McFadden
15. Birthplace Churchville, Md.

16 (a) Informant Mr. C. Wade Seiffelle
(b) Address Elkton City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wm. J. Fichtner & Son
(b) Address North Ave. cor.

19 (a) MAY 4 1942 (b) Huntington, Williamsport, Md.
(Not to be filled in by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 3 1942, and that I last saw h.r. alive on May 2 1942.

Immediate cause of death Cirrhosis of Liver — Duration 3 mos?

Due to — Duration over

Due to

Other Conditions Obesity, hypertension, arthritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Cirrhosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Strayer M. D.
Address Univ. Hosp Date signed 5/5

VS 3

FORM WRITE PLAINLY. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 91873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-D

F 91873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Irvin Britton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Bertie L. Britton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1881

8. AGE: Years	Months	Days	If less than one day
61	0	25	hr. min.

9. Birthplace Sykesville - Howard Co., Md. (town, county, state)
10. Usual Occupation Salesman - Fruit Business
11. Industry or business Same

FATHER
12. Name James L. Britton
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary H. Snyder
15. Birthplace Howard Co., Md.

16 (a) Informant Clarence L. Britton
(b) Address 1536 N. Monroe St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Springhill
Location Sykesville

18 (a) Funeral director Wm. J. Lichau & Sons
(b) Address 1400 W. Pratt St.

19 (a) MAY 1 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1942, at 5:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Suffocation
Due to food in larynx
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 1st at 4:50 A.M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place)
(e) Means of injury foreign body in larynx
23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed May 2nd 1942

VS 6

correct age is especially important. Typewriter: please

F 91874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V46-B

F 91874 Registered No.

correct age is especially important. Physicians: please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1541 N Pulaski
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 N. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther E. Sherman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Hyman

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) — 1911

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Hyman Eisenberg

13. Birthplace Russia

MOTHER 14. Maiden Name Mary —

15. Birthplace Russia

16 (a) Informant Hyman C. Sherman

(b) Address 1541 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location Hyman Mill Road

18 (a) Funeral director Israel Newman Inc

(b) Address 1739 E. Balto. St

19 (a) MAY 4 - 1942 (Date rec'd by registrar) (b) Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/42 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1942 to 5/3/ 1942 and that I last saw her alive on 5/3 1942

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/17/42

Major findings of operation: Carcinomatosis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Gerber M.D. M. D.

Address Sinai Hospital Date signed 5/4/42

F 91875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 91875

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Boarman Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELI GOLDBERG

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	212 18 0389

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Levi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	22	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Sailor
11. Industry or business Harry Grauling

FATHER
12. Name Bennie Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 5-4-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave
18 (a) Funeral director Jack Young Inc
(b) Address 1439 E. Baltimore St
19 (a) MAY 4 1942 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1942, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28, 1942 to May 4, 1942, and that I last saw h. im alive on May 4, 1942.

Immediate cause of death	Duration
Uremia	3 days
Due to Cardiac failure with secondary bronchopneumonia	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: none
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature I.B.H. an duren, M. D.
Address US Marine Hospital Date signed 5/4/42
Baltimore, Maryland

correct age is especially important. Typewriter...

F 91876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No.

F 91876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES MELVIN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1914

8. AGE: Years	Months	Days	If less than one day
27	11	2	hr. min.

9. Birthplace Chester, Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Solmond Travers
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Sadie Reed.
15. Birthplace Chester, Penna

16 (a) Informant Mr. Lloyd Williams
(b) Address 1104 N. Fremont Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)
(c) Cemetery or crematory ?
Location Chester, Penna.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

MAY 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1942 at 8:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pulmonary embolism
Due to Fracture of right femur
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 5, 1942 at M
(c) Where did injury occur? Frederick (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Public While at work? —
(e) Means of injury Passenger in car struck

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 5-3-42

VS 6

correct age is especially important. Typewrite or print plainly with indelible pencil.

F 91877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 91877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 N. Carlton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Randolph Hailey

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Widower

6 (b) Name of husband or wife Vinnie Hailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22-1882

8. AGE: Years	Months	Days	If less than one day
60	0	8	hr. min.

9. Birthplace Rockingham N. C. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant William Hailey
(b) Address 132 N. Carlton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs Rosa R. Williams
(b) Address 322 N Schroeder St

19 (a) MAY 4 1942 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-42 19 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-42 19 to 4-30 1942
and that I last saw him alive on 4-20 19 42

Immediate cause of death	Duration
Lobar pneumonia	1 wks
Due to (b) Uremia	2 wks
Benign prostatic hypertrophy	
Due to (c) Hydronephrosis, bilateral	
Hydroureter, bilateral	
Other Conditions Diabetes mellitus	
Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. R. Williams M. D.
Address Univ. Hosp. Date signed 4-30-42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

F91878 F91878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Carrington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Carrington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-5662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1894

8. AGE: Years	Months	Days	If less than one day
57	8	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James B. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Corkran
15. Birthplace Maryland

16 (a) Informant Mrs. Robert O. S. Smith
(b) Address 1432 Carrington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. County Md.

18 (a) Funeral director John J. Eckenrode
(b) Address 1318 Light St.

19 MAY 4 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1942, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1942, to May 1, 1942, and that I last saw her alive on May 1, 1942

Immediate cause of death Cardiac failure

Due to Rheumatic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M.D.
Address 1319 Light St. Date signed 5/4/42

correct age is especially important. Physicians please write out

VS 8

[redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 91879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland F 91879
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 237 Dernan Hill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcell Cavines

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/41

8. AGE: Years	Months	Days	If less than one day
	6	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gordon Cavines
13. Birthplace

MOTHER
14. Maiden Name Delores
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 / 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Dundalk

18 (a) Funeral director Stephen J. Realmuto
Address 1000 S. Kenwood Ave

19 MAY 4 - 1942 (Date rec'd by local reg.) Huntington Williams, Md. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 6:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to 19 ; and that I last saw h[illegible] alive on 19

Immediate cause of death Heart failure — Duration 1 day
Due to Congenital malformation of heart — Duration 6 [illegible]
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Ethel Walker
Address Baltimore Date signed 5/2 1942

Robert Lee Eichhorn M.D.

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F 91880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 91880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Watkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-1820

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Freda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/8/1913

8. AGE: Years 28 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace md (City, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Tho. H. Watkins

13. Birthplace Md.

MOTHER 14. Maiden Name Florence Pryor

15. Birthplace Md.

16 (a) Informant Florence Watkins

(b) Address 1712 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Geo. W. Nelson

(b) Address 1340 Pleasant Ave

19 (a) MAY 4 1942 (Date rec'd by registrar) (b) Huntington Pettiqua, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 2 1942 and that I last saw h[illegible] alive on May 2 1942

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.

Address 1 Gordon St Hosp. Date signed 5/2/42

VS 3

Correct use of capacity, profession, or occupation, and kind of business or industry

F 91881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

F 91881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Glen Bernie 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVELYN ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Date of death (mo., day, yr.) Sept. 17, 1917

8. Age: Years Months Days If less than 1 day, hours or minutes

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Luther Robinson

13. Birthplace Virginia

MOTHER 14. Maiden Name Evelyn Tidwell (illegible)

15. Birthplace Glen Burnie, Maryland

16 (a) Informant Maggie Canfield (sister)

(b) Address Glen Burnie A.A. Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Ch

Location A.A. Co. Md.

18 (a) Funeral director Social L. Brooks

(b) Address Huntington Maryland

19. (a) MAY 4 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942 at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came [illegible] death on the day stated above.

Immediate cause of death — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-1-42 at 7 P M
(c) Where did injury occur? Anne Arundel Co., Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? no
(Specify type of place)
(e) Means of injury Self inflicted

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed May 4, 1942

Correct age if especially important. If uncertain, say "about."

VS 6

(over)

F 91882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 91882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Jos. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 69 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Mrs. Teresa Grue.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband late Pasquale Grue
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 10 1862

8. AGE: Years	Months	Days	If less than one day
79	5	22	____ hr. ____ min.

9. Birthplace Baseiano Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Nicola Di Giuseppe
13. Birthplace Italy

MOTHER
14. Maiden Name Anna Giuseppa-Di Patrizio
15. Birthplace Italy

16 (a) Informant Vincent Grue (Son)
(b) Address 1707 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5th/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) MAY 4 1942 Registrar
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-42 19__ at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1942 to 5-2 1942 and that I last saw h__ alive on 5-2 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage due	
to Hypertension C.V. Disease	
Due to Fractured femur.	
Due to	
Other Conditions Hypostatic pneumonia	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-23-42 at 3 PM
(c) Where did injury occur? Balt. (City or town) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down stairs of home

23. Signature H. Joseph Hollenweber M.D. Asst Medical Examiner
Address ____ Date signed 5/2/42

F 91883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

F 91883
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Green Mount Ave.
(c) Hospital or institution:
SOUTHERN HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2510 Green Mount Ave
(If outside city or town limits, write RURAL and give town)
Street No. Balto. Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2-3

3 (a) FULL NAME Mollie S. CREW

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3.1859

8. AGE: Years	Months	Days	If less than one day
82	5		hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name CHARLES CREW
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Breuinger
15. Birthplace Germany

16 (a) Informant Norman CREW
(b) Address 2605 N.Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May6.1942 (month) (day) (year)
(c) Cemetery or crematory DARLINGTON
Location DARLINGTON MD.

18 (a) Funeral director John Carstairs Stone
(b) Address 2000 Eutaw Place

19 MAY 4 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3.1942 19 , at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1941, to May 3, 1942 and that I last saw her alive on May 2, 1942

Immediate cause of death: Chronic Myocarditis — Duration: 1 year
Due to: Hypertension — 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Frank H. Ogden M. D.
Address 2701 N.Calvert St. Date signed

PRESS WHITE surface firmly. Physicians: please write the causes of death clearly and correct age is especially important.

VS 8

Jerome E Martin

F 91884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balth. City Harbor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Waukegan
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 S. Jefferson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Emil Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. 331-10-3253

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1908

8. AGE: Years	Months	Days	If less than one day
33	11	24	hr. min.

9. Birthplace Waukegan Ill.
(Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Chicago Hardware Co.

FATHER
12. Name Alonzo Martin
13. Birthplace Belgium

MOTHER
14. Maiden Name Romanie Delvenne
15. Birthplace Belgium

16 (a) Informant Elmer Martin
(b) Address 287 N. Arlington St. - Waukegan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/47 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location Old Annapolis Rd. Balt

18 (a) Funeral director Chas. J. Cook
(b) Address 1301-05 N. Paca St. Balt. Md.

19 (a) (Subscribed by registrar) (b) Huntington Williams, M.D. Registrar

MAY 1 - 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1947, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide Found Drowned
(b) Date of occurrence 4-29-47 at A M
(c) Where did injury occur? Harbor - Ill Pier 4
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Drowning

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 4-29-47

correct age is especially important. Physicians, please

01885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

Registered No. F 21885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 118 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Trennor 24037 Adm. to Inf. 6/1/37

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1871

8. AGE: Years 70 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Cuddy
13. Birthplace Ohio

MOTHER
14. Maiden Name Isabel Easteg
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 4, 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mogre

19 (a) MAY 4- 1942 Assistant for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23 1942 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1941 to Apr. 23 1942.
and that I last saw her alive on Apr. 23 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.

Address Balto. City Hosp. Date signed 4-23-42

VS 2

9066

91886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 91886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 763 da
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3-1

3 (a) FULL NAME Silo Svilke 54150

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1871

8. AGE: Years	Months	Days	If less than one day
70	4		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 4 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 4- 1942 (Date rec'd by registrar) By H. A. Moore. Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 8:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1940, to Apr. 30 1942, and that I last saw h im alive on Apr. 30 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabenau M. D.
Address Balto. City Hosp Date signed 4-30-42

correct age is especially important. Physicians, please write

VS 2

9067

91887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(93-D)

F 91887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. City Hospital Address (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Yadack

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL MAY 4, 1942
Commissioner of Health

18 (a) Funeral director For H. A. Moore
(b) Address

19 MAY 4 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-1942, at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to: Myocardial degeneration	
Due to	
Other Conditions: Chronic Valvulitis, Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreland M.D. Medical Examiner.
Date signed 4-26-42

correct age is especially important. Physicians: please write plainly.

VS 6

9068

91888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 91888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 103 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JACK GRAVES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL MAY 4, 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 4- 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1942 at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wounds of head — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 18, 1942 7 P. M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Revolver during argument

23. Signature H. A. Weinmann M.D. Medical Examiner.

Date signed 4-19-42

correct age is especially important. Physicians, please write plainly.

9069

91889 Lorey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 91889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Linganore Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Manke

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/42

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Catherine Kowal
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 4, 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

MAY 4- 1942 (Date rec'd by registrar)

Per H. A. Hoops
Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at 9 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death: Bronchial pneumonia — Duration

Due to

Due to

Other Conditions Lemmatage of right adrenal
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: April 28 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed April 28 1942

VS 6

91890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 91890

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 345 E. 22nd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 E. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeremiah Joseph O'brien
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Sadie Walsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-06-1874

8. AGE: Years	Months	Days	If less than one day
67	6	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Michael O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret E. Dolan
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Charles Bannister
(b) Address 3714

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof May 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 MAY 4-1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1942 at 3.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Rupture of left ventricle of heart	
Due to Coronary occlusion	
Due to Coronary arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 4th 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 4th 1942

VS 6

correct age in especially important, if any

F 91891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91891 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 667 Dumbarton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country XXXXXXXXXX

3 (a) FULL NAME William Maxwell Howe (William Maxwell Howe)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mrs. Wm. M. Howe (Alice M. Howe) 6 (c) If alive, give age XX years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1884

8. AGE: Years	Months	Days	If less than one day
58.	3	27	hr. min.

9. Birthplace Pittsburg Pa. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Mr. Wm M. Howe
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Herbert
15. Birthplace Pa.

16 (a) Informant Mrs. W. R. Howe (son)
(b) Address 667 Dumbarton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Pittsburgh
Location Pittsburgh, Penna.

18 (a) Funeral director Stewart & Mowen Company.
(b) Address (W. F. Wooden-Suc.) 108 W. North Av.

19 MAY 4 - 1942 (Not to be filled in by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1942, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1942 to 5-4 1942 and that I last saw h alive on 5-4 1942

Immediate cause of death: R.S. mitral heart failure — Duration: 1 yr +
Due to: Hypertensive Vascular
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Leslie M. D.
Address Union Memorial Hosp signed 5-8-42

correct age is especially important. Typewrite or print plainly with pen and ink.

VS 3

91892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 91892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 E. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bedford Wilkins Snowden

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Basil K. Snowden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1861

8. AGE: Years 80 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dr Joseph Wilkins
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna E Pleasants
15. Birthplace Balto Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Green Mount

Location Balto. Md.

18 (a) Funeral director Henry H. Jenkins Sons Co

(b) Address McCulloh & Orchard Sts

19 MAY 4 19[illegible] Filed by [illegible] Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1942, at 6P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942, to May 3rd 1942, and that I last saw h[illegible] alive on May 2nd 1942.

Immediate cause of death [illegible]

Due to [illegible]

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ~

of autopsy: G

Duration
Yrs.
1 Mos.
2 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Edmunds M. D.

Address 3 E Chase St Date signed May 5 1942

correct age is especially important. Physicians: please fill in items 20-22.

F 91893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Tremont Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

78

3 (a) FULL NAME MARGARET HART

3 (b) If veteran, name war ----

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Michael Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 13, 1861

8. AGE: Years 81 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Unknown George Wicht
13. Birthplace: Unknown Germany

MOTHER
14. Maiden Name: Unknown Cath Pickel
15. Birthplace: Unknown Germany

16 (a) Informant: Margaret E. Reynolds
(b) Address: 114 S. Tremont road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5/42 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location:

18 (a) Funeral director: Chas. J. Grayson
(b) Address: 118 N. Mt. Royal Ave

19 (a) (b) Huntington Williams M.D. Registrar

MAY 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 - 1942, to May 4 - 1942, and that I last saw her alive on May 1 - 1942.

Immediate cause of death: Edema of Lungs — Duration: 10 days
Due to: Chronic Myocarditis — 2 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. Gill Hall M. D.
Address: 1631 E North Ave Date signed: 5/4/42

correct age is especially important

91894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3 Registered No. F 91894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Strickland ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Strickland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Walton

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George Walton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1879

8. AGE: Years	Months	Days	If less than one day
62	11	22	hr. min.

9. Birthplace California
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Litchfield
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Caroline Miller
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Ed Force
(b) Address Laurel, Md.

17 (a) Burial (b) Date thereof 3/5/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Pk
Location Frederick Co

18 (a) Funeral director John L. Kenny
(b) Address 24 E. Lee St. Hunting Town Williamsport, Md.

19 MAY 5 1942 MAY 5 - 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Chronic nephritis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 4 1942

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratner M.D.
Medical Examiner.
Date signed May 4 1942

VS 6

CORRECT AGE IF CERTAIN. IMPORTANT. PLEASE EXAMINE

91895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 91895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2609 N. Calvert St (If rural give location)
(e) Person of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM MOODY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7163

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Mildred E. Lloyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th 1921

8. AGE: Years 20 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. City (Town, county, and state)

10. Usual Occupation Electrician Helper

11. Industry or business Community Elect. Co.

FATHER
12. Name Thomas L. Moody
13. Birthplace Va.

MOTHER
14. Maiden Name Florence Helm
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Florence Moody
(b) Address 2609 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director E. J. Fannon & Son
(b) Address 1938 E. Lafayette Ave.

19 MAY 4 - 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1942 at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fracture of skull

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-2-42 at 11 a.m. P.M.
(c) Where did injury occur? Randall Rd near Yorkshire Line (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? — (Specify type of place)
(e) Means of injury Auto Coll. collided with pole

23. Signature Nat. L. Wallenmaier M.D.
Acting Medical Examiner.

Date signed 5-2-42

VS 6

correct age is especially important. Physicians: please write the

F 91896 | BALTIMORE CITY HEALTH DEPARTMENT | F 91896

CERTIFICATE OF DEATH 82B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mulliken St & Leidy Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Nellie Wellhoffer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
N	[illegible]	F	W	M

6 (b) Name of husband ~~or wife~~ Edward A Wellhoffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18th 1881

8. AGE: Years	Months	Days	If less than one day
61	2	16	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William W. Leverton
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet Walker
15. Birthplace Va.

16 (a) Informant Lillian M. Casey
(b) Address 1820 Chilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wilkins Cook
(b) Address 317 St. Paul St

19 MAY 5 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1942 to 5-4 1942, and that I last saw her alive on 5-4 1942.

Immediate cause of death Bronchopneumonia

Due to Cerebral Thrombosis

Due to Chronic Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longenbaker M. D.
Address 1 Mt Vernon Place Date signed 5/4/42

F 91897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 91897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 3113 Gwynns Falls Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3113 Gwynns Falls Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Mary Laughlin

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Oakland Keen Laughlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14th 1870

8. AGE: Years	Months	Days	If less than one day
71	10	18	hr. min.

9. Birthplace London England (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Rd. Francis Abrams
13. Birthplace England

MOTHER
14. Maiden Name Susan Partridge
15. Birthplace England

16 (a) Informant Alys Laughlin
(b) Address 3113 Gwynns Falls Pkwy

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/5/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md

18 (a) Funeral director William Cook
(b) Address 1257 St. Paul St

MAY 5 1942 (Date) (b) Registrar Huntington Williams M.D. Registrar

VS 8

correct age is especially important. Physicians, please answer questions fully.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1942, at 4.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1942, to May 2 1942
and that I last saw h~~e~~r alive on May 2 1942

Immediate cause of death	Duration
Myocarditis	1 week
Due to arteriosclerosis	?
Due to	
Other Conditions Hypertension	?

(Include pregnancy ~~within 3 months~~ of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Stadler M. D.
Address 2220 Harrison Blvd Date signed May 4/42

F 91898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 91898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Catonsville
(d) Street No. Biddle Valley Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. John Dressel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. Known 1868

8. AGE: Years: 74 | Months | Days | If less than one day: hr. min.

9. Birthplace Belle Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John
13. Birthplace Europe

MOTHER
14. Maiden Name Kruzunda Weikert
15. Birthplace Europe.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd

18 (a) Funeral director Harvey Holck & Sons Inc
(b) Address 1201 E. Eager St

MAY 5 1942 Huntington Williams, M.D. Registrar
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1942 at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1942 to 5/3 1942 and that I last saw h alive on 5/2 1942.

	Duration
Immediate cause of death: Broncho pneumonia	3 days
Due to: Uremia	1 month
Due to: Carcinoma of Rectum	1 year
Other Conditions: Fr. left hip	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 10/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/15/42 at M
(c) Where did injury occur? Catonsville Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall around Bed

23. Signature J. R. Dwyer M.D.
Address St Agnes Hosp. Date signed 5/5/42 M. D.

correct age is especially important. Physicians please note.

F 91899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 91899 Registered No.

1. PLACE OF DEATH: Church Home & Hosp
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Rue de Rue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Geiger
3 (b) If veteran, name war No.
3 (c) Social Security Account No. 211-12-0763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.) May 28, 1865

8. AGE: Years	Months	Days	If less than one day
76	11	5	hr. min.

9. Birthplace Balto Md (City, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Geiger
13. Birthplace Germany

MOTHER
14. Maiden Name Liz Seibold
15. Birthplace Germany

16 (a) Informant Mrs. C. Geiger
(b) Address 3007 Ruxhert Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Dyer Lane
18 (a) Funeral director J. Keenan & Son
(b) Address 1221 E. Broadway
19 (a) MAY 5 - 1942 (Date rec'd by registrar) (b) Huntington Valley, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1942, at 1 0 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1942 to 5/2 1942 and that I last saw h im alive on 5/1 1942.

Immediate cause of death Uraemia
Due to Hypertensive R. V. disease
Due to
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. A. Warren (Resident)
Address Church Home & Hosp Date signed 5/2/42 M. D.

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

VS 1

F 91900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 91900

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address found in harbor
(c) Hospital or institution: foot of Broadway

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 E. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERNARD TRUSTY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1934

8. AGE: Years	Months	Days	If less than one day hr.	min.
8	2	14		

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Clifford Trusty
13. Birthplace Balto

MOTHER
14. Maiden Name Grace Smith
15. Birthplace Balto

16 (a) Informant Clifford Trusty
(b) Address 921 Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cs
Location Balto City

18 (a) Funeral director Isaiah L Brown
(b) Address 1017 W Montgomery St

19 MAY 5-1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 2, 1942 at 12 30 M
(c) Where did injury occur? harbor
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no
(Specify type of place)
(e) Means of injury fell off bulkhead

23. Signature H L Wollenweber M.D.
Date signed 5-2-42 Medical Examiner.

VS 6

correct age is especially important. Physicians: please write

F 91901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

F 91901

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 822 S. Hanover Street
(If rural give location)

Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIE L. BURDEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 12, 1897

8. AGE: Years	Months	Days	If less than one day
45	3	20	hr. min.

9. Birthplace Elizabeth City, North Carolina
(Town, county, and state)

10. Usual Occupation CCC ENROLLEE

11. Industry or business

FATHER 12. Name William Burden

13. Birthplace Elizabeth City, N. C.

MOTHER 14. Maiden Name Georgia

15. Birthplace Wilmington, D. C.

16 (a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof 5-5-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Elizabeth City

Location N. C.

18 (a) Funeral director Isaiah L. Brown

(b) Address 1619 W. Montgomery St.

19 (a) MAY 5 - 1942
(Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1942 at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13, 1942 to May 2, 1942, and that I last saw him alive on May 2, 1942.

	Duration
Immediate cause of death: Tuberculous peritonitis	2 mo.
Due to: Fibrous purulent pleurisy, right	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation 4/14; 4/17/42

Major findings of operation: Paracenteses; Thoracenteses

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature I. B. H. Anderson. M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 5/4/42

correct are is especially important. Physicians, please

91902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-2

F 91902
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Monkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Thomas R. Biggers

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Bridgman Biggers
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) March 3, 1860

8. AGE: Years	Months	Days	If less than one day
82	2	0	hr. min.

9. Birthplace Maxwell Ky.
10. Usual Occupation Retired Storekeeper.
11. Industry or business Run his own store

FATHER
12. Name Richard Biggers
13. Birthplace Maxwell, Ky.

MOTHER
14. Maiden Name dont know
15. Birthplace dont know

16 (a) Informant Leslie A Dickey
(b) Address Monkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Mills, Md. Registrar

MAY 5 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 6 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to May 3 1942 and that I last saw h[illegible] alive on May 3 1942.

Immediate cause of death
Arteriosclerosis
Cardiac Decompensation
Due to

Due to

Other Conditions Adenomyoma
Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenomyoma
Prostate
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longhurst M. D.
Address Md. General Hosp Date signed 5/5/42

F 91903

F 91903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-B

Registered No. F 91903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM WHITE.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lena White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1859.

8. AGE: Years	Months	Days	If less than one day
About 83			hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Retired Liquor Dealer.
11. Industry or business

FATHER
12. Name Jacob White
13. Birthplace Poland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland.

16 (a) Informant Mr. Jack White.
(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/42. (month) (day) (year)
(c) Cemetery ~~Crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harriet Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 MAY 5 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th. 1942, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1929 to May 4 1942, and that I last saw h[illegible] alive on May 3 1942

Immediate cause of death: Myocarditis Angina Pectoris — Duration: 4 yrs
Due to: arterio-sclerosis — 18 yrs
Due to: — 16 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1720 Eutaw Place. Date signed 5/4/42

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Be sure to answer all questions. Be sure to correct age is especially important.

F 91931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 91904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 Penrose Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Penrose Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Butterbrough Butterbaugh

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~if wife~~ Elmer Butterbaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1864

8. AGE: Years	Months	Days	If less than one day
77	4	19	hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. Stern
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Decker
15. Birthplace Germany

16 (a) Informant Mrs. L. Battelbach
(b) Address 613 Glenmore Ave Baltimore

17 (a) Burial (b) Date thereof 5/6/42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Samuelson & Son
(b) Address 1809 Eutaw Place

19 MAY 5 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-42 19 42 at 1.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Autopsy thereon and from the evidence obtained by said Inquisition & Autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Cerebro-vascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 5-4-42

correct age is especially important. Physicians: please write plainly. Use ink.

VS 6

F 91905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92-1

F 91905 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 E Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 E Fairmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Gompers

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Gustave Gompers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1867

8. AGE: Years	Months	Days	If less than one day
74	10	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Aaron Wittgenstein
13. Birthplace Balto Md

MOTHER
14. Maiden Name Rebecca Salomonski
15. Birthplace Germany

16 (a) Informant Mr. B. H. Gompers
(b) Address 807 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42. (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim Son
(b) Address 1902 Eutaw Place

19 (Date rec'd by registrar) MAY 5 - 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to May 5 1942, and that I last saw h alive on May 4 1942.

Immediate cause of death	Duration
Septicaemia due	
Streptococcus Viridans	
Due to Blood stream infection	6 weeks
Due to Endocarditis Chronic	5 years
Other Conditions Senile arteriosclerosis	10 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma F. Wagner
Address The Esplanade Date signed 5/7/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 3

F 91906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Above items must be filled in before certificate is issued. Please write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH: 1034 S. allay
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 S allay (If rural give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Campbell
3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Katie Campbell

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 12, 1869

8. AGE: Years	Months	Days	If less than one day
72	8	24	hr. min.

9. Birthplace Lexington Co. Va. (Town, county, and state)
10. Usual Occupation Preacher
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Va.
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Katie Campbell
(b) Address 1034 S. Allay.
17 (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 5 7 42
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore
18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Lanvale St.
MAY 5 – 1942 Huntington Williams, M.R. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-42 19 , at 1:24 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15-42 19 to 5-4- 1942, and that I last saw h[illegible] alive on May 3 1942.

Immediate cause of death	Duration
(a) Myocardial failure	Sudden
Due to (b) Myocarditis	6 mo.
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Maude Johnson
Address 312 E 23rd St Date signed 5-7-42

VS 3

91907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-131-W

Registered No. F 91907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 W. Fulton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert John Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie L. Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1876

8. AGE: Years 65 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace Ocala Florida (Town, county, and state)

10. Usual Occupation Steamster

11. Industry or business

FATHER
12. Name Robert Mitchell
13. Birthplace S.C.

MOTHER
14. Maiden Name Susan Grant
15. Birthplace S.C.

16 (a) Informant Mamie L. Mitchell
(b) Address 1836 W. Fulton St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/5 1942 (month) (day) (year)
(c) Cemetery or crematory not allowed on
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Carrollton Ave

19 (a) MAY 5 1942 (b) Huntington Williams M.D
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 7 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1942 to May 4 1942 and that I last saw him alive April 30 1942

Immediate cause of death: Hypertensive Cardio Vascular Renal — Duration

Due to Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Harrell M.D.
Address 601 W Lanvale St Date signed 5/5/42

VS 8

F 91908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-42

F 91908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2444 Brentwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 Brentwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Lee

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife Fletcher Allen Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1888

8. AGE: Years	Months	Days	If less than one day
53	10	14	hr. min.

9. Birthplace Brunswick Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rufus Jones
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Osborne Lee
(b) Address 2437 Druid Hill Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Mordecai R. Williams
(b) Address 3216 Schroeder St.
19 MAY 5 1942 (Date rec'd by Local Reg.) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1942 4 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to May 1 1942 and that I last saw h[illegible] alive on Apr 28 1942

Immediate cause of death

Carcinoma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry A. Jabine M. D.
Address 2329 Eutaw Pl Date signed May 4 42

VS 3

F 91909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 91909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days) 25y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give name)
(d) Street No. 841 N. Central Ave (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Mary Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Charles V. Duncan
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 9/16 1883

8. AGE: Years	Months	Days	If less than one day
59	1	17	hr. min.

9. Birthplace Oxford Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Earnest Schriver
13. Birthplace Penna.

MOTHER
14. Maiden Name Susan Spangler
15. Birthplace Penna.

16 (a) Informant Charles V. Duncan
(b) Address 841 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Hanover Rd

18 (a) Funeral director Adam Luckman & Bro.
(b) Address 1124-26 W. North ave

19 MAY 5 - 1942 (Date rec'd by Registrar) (a) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/1942 at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/1942 to 5/3/1942 and that I last saw her alive on 5/3/1942

Immediate cause of death Heart failure

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
over 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. Ulrich M.D.
Address Union Memorial Hosp. Date signed 5/3/42

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Give correct age in each case, where it is especially important.

VS 3

91910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 91910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor, foot of Pratt St.
(c) Hospital or institution: Pier #1.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carey Drummond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 5, 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mearns,

19 MAY 5- 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: April 25 1942

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ace suicide ?4/1
(b) Date of occurrence ? at M
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? no
(Specify type of place)
(e) Means of injury Fall into harbor

23. Signature Robert Lee Gratacap M.D.
Medical Examiner.
Date signed May 5 1942

VS 6

MFB F 91911 72960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 91911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosetta Graham 1522 Riggs Ave.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, Married, Widowed, or Divorced
F	C	~~Married~~

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1925

8. AGE: Years	Months	Days	If less than one day
17	9	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Graham
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Miller
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1942 (month) (day) (year)
(c) Cemetery or crematory Lucky
Location Ca. Co. Md.

18 (a) Funeral director Wm. H. Gibson
(b) Address 1303 Pennsylvania Ave.

19 MAY 5 – 1942 (b) Hunting Town Maryland
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1942 at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 5-2 1942 and that I last saw h alive on 5-2 1942

Immediate cause of death Pulmonary tuberculosis — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rackburn M. D.
Address Balto. City Hosp Date signed 5-4-42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

91912 1
SS 73398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157-G Registered No. F 91912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Mosher Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Edwin Addison (Birth F 41054)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1941

8. AGE: Years	Months	Days	If less than one day
	4	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Hamilton
13. Birthplace ?

MOTHER
14. Maiden Name Hortense Addison
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Ned. H. Kelson
(b) Address 1303 Preston ave

19 (Registered by registrar) MAY 5 — 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1942, at 3 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1942, to 5-3 1942, and that I last saw him alive on May 3 1942.

Immediate cause of death Peritonitis — Duration

Due to Secondary Closure of Operative Site

Due to Pyloric Stenosis - post operative

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/23/42 5-1-42
Major findings of operation: 1. Pyloric Stenosis 2). Jejunum Adhes. Wall
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitsm M. D.
Address Balto. City Hosp Date signed 5-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 91913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Buena Vista Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James F. Davis Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-20-8404

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 22-1926

8. AGE: Years 15 | Months 10 mo | Days 12 da | If less than one day ___ hr. ___ min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation messenger Boy

11. Industry or business wireless Western Union

FATHER
12. Name James F. Davis. Sr.
13. Birthplace Va.

MOTHER
14. Maiden Name Lillian B. Ridenour.
15. Birthplace md.

16 (a) Informant James F. Davis. Sr.
(b) Address 3623 Buena Vista Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's.
Location Hampden

18 (a) Funeral director Chenault & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) MAY 5-1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4- 1942 at 3:50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Ruptured Spleen	
Due to	
Due to	
Other Conditions Sub-arachnoid hemorrhage Contusion - Lacerations	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-4-42 at 11 A. M
(c) Where did injury occur? Fowlers Calvert Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes automobile truck
(e) Means of injury Riding bicycle ran into a Trailer

23. Signature Howard J. Sheeran M.D. Medical Examiner.

Date signed 5-5-42

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

VS 6

F 91914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 91914 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Ave.
(c) Hospital or institution: Jenkins Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year 11 mos 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 619 Lyndhurst St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Kohler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
Female	W	

6 (b) Name of husband or wife Daniel F. Kohler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Halland
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3700 Frederick Rd
18 (a) Funeral director Harry H. Wilkes
(b) Address 4101 Edmondson ave.
19 (a) MAY 5 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1941 to 5/3 1942 and that I last saw h e/r alive on 5/2 1942.

Immediate cause of death	Duration
Cardiac Failure	
Due to a. Senile Sclerosis C. V. D	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. C. Bound
Address Jenkins Mem. Date signed M 5 D 4 Y 42

PLEASE WRITE PLAINLY, with unfading ink. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 91915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91915 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Do not leave blanks. If unknown, write "unknown." Be sure to answer each question. Please give information requested as to residence, even if deceased was not living at home. Please give full name of husband, wife, father, mother, informant, undertaker, cemetery, etc. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Schuch St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Schuch St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John H. Repka

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-4912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna H. Rettman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1881

8. AGE: Years	Months	Days	If less than one day
60	8	20	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Engneer
11. Industry or business Nat. Biscuit Co.

FATHER
12. Name John Repka
13. Birthplace Holland

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Mrs. Anna H. Repka
(b) Address 3307 Schuch St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 MAY 5 - 1942 (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1942 19 at 7.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1942 to 5/3 1942 and that I last saw h. alive on 5/3/42 19

Immediate cause of death
Bronchopneumonia
Acute Heart Failure (Original)
Due to Chronic Myocarditis
Due to Old Fibroid Endocarditis

Duration 4/20/42 (a) (b)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Wilkerson, M.D.
Address 10 W. Madison St. Date signed 5/5/42

Huntington Wilkerson, M.D. Registrar

F 91916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 91916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 237 N. Durham
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 N. Durham (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Downey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband or wife Dandy Downey
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Fairmont, Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Levi Hicks
13. Birthplace Md

MOTHER
14. Maiden Name Laura Dennis
15. Birthplace Md

16 (a) Informant Dandy Downey
(b) Address 237 N Durham

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Robt F Wilson
(b) Address 1512 McElderry St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8
MAY 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1942 to May 2 1942
and that I last saw h alive on Apr 30 1942

Immediate cause of death — Duration

Mitral insufficiency — 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher
Address 1612 E Monument Date signed 5-2-42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of conditions must be specific as to organs affected. Indefinite terms, such as "heart failure," "kidney trouble," "cancer," "stroke," "paralysis," "old age," etc., should be avoided. Be sure that the cause of death stated is the primary cause, and that the sequence of morbid conditions is correct. Age is especially important.

F 91917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 91917

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT H. JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-9067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Harmonyville Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Jackson
13. Birthplace Va

MOTHER 14. Maiden Name Sarah Winkfield
15. Birthplace Va

16 (a) Informant Adlean Buchanan
(b) Address 24 N. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location D A Co Mid

18 (a) Funeral director Robert [illegible]
(b) Address 1515 Mt Prospect Ave Baltimore

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942, at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Date of operation Nil

Major findings of operation:

Autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 4-30-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 91918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

67 F 91918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Maryland
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 China St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-9279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C.	married

6 (b) Name of husband or wife Augusta
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) April 10 1910

8. AGE: Years	Months	Days	If less than one day
32	-	24	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Nansin Robinson
13. Birthplace Va

MOTHER
14. Maiden Name Lottie Rayner
15. Birthplace Balto Md

16 (a) Informant Augusta Robinson
(b) Address 828 China St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brown Sons
(b) Address 1019 W Montgomery Street

19 (a) MAY 5 1942 (Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 8.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage into left pleural cavity — Duration
Due to stab wound of chest and lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 4 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 4 1942 at 8.15 AM
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On street While at work? No (Specify type of place)
(e) Means of injury Stab wound - Pocket Knife

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1942

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 91919 HEALTH DEPARTMENT—CITY OF BALTIMORE F 91919

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 Hillsman St 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Cozad

(a) Residence: No. 853 Hillman Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Cozad

6. DATE OF BIRTH (month, day, year): 11-30-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Wakeman

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Lottie M. Jones

(Address) 5905 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Mausoleum Date May 6 1942

19. UNDERTAKER: Leonard J. Ruck

(Address) 4305 Harford Rd

Hunting for Williams

20. FILED MAY 5- 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/3/42, 19

22. I HEREBY CERTIFY, That I attended deceased from April 28 1942 to May 3 1942

I last saw her alive on May 1 1942 Death is said to have occurred on the date stated above, at 7a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease. — Date of onset 4/28/42

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

M.D. (Signed) Sol Smith M.D.

(Address) 1223 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 91920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 91920

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A Perry [PERRY]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth Perry

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 1915 12 27 M 14

8. AGE: Years 27 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name William Perry

13. Birthplace N. C.

MOTHER 14. Maiden Name Fannie Johnson

15. Birthplace N. C.

16 (a) Informant Ruth Perry (wife)

(b) Address 1819 E. Madison St

17 (a) shipped (Burial, cremation, or removal) (b) Date thereof 5 6 42 (month) (day) (year)

(c) Cemetery or crematory North Point

Location North Point

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St

19 MAY 5- 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1942, at 11 50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Generalized peritonitis — Duration

Due to multiple perforation of intestines

Due to gunshot wound of abdomen

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 4 1942

PHYSICIAN

Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide homicide

(b) Date of occurrence April 27 1942 at M

(c) Where did injury occur? 26 b Cager St (City or town) Baltimore (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? no

(e) Means of injury Bullet wound

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed May 4 1942

VS 4

F 91921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 91921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town 2933 Belmont Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Wallace

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Sadie D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE	Years	Months	Days	If less than one day
Born	53			hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation
11. Industry or business Maint. of Canals in Anne Arundel Co. Edgewater, Md.

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Ella Lockwood
15. Birthplace unknown

16 (a) Informant E. J. Eyleton
(b) Address 1505 Tredegar Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/5/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore City

18 (a) Funeral director Wellborn & Co.
(b) Address 1217 Edmondson Ave

19 (a) MAY 5 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 19 42, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 19 42, to 5/2 19 42, and that I last saw h alive on 5/1 19 42.

Immediate cause of death: Acute coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Lee, M.D.
Address South Balto. Gen. Hospital Date signed 5/4/42.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

91922 MR 72841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

F 91922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs. 2 mos. 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

C

3 (a) FULL NAME William Camphor, 324 N. Calhoun Street

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a)
M	C	~~Single, married, widowed or divorced~~ Separ.

6 (b) Name of husband or wife Martha Camphor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/77

8. AGE: Years	Months	Days	If less than one day
65 yr	2 mo	12	hr. min.

9. Birthplace Baltimore, Md. (City, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Camphor (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah (d) Reed
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Sam'l N. Chase & Son
(b) 1 N. Gilmor St

19 (a) MAY 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1942 at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1942 to 5-4 1942 and that I last saw h~~im~~ alive on 5-4 1942.

Immediate cause of death	Duration
Cardiac failure	6 wks
Due to Pulmonary emphysema	?
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: To show

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balt. City Hosp Date signed 5-5-42

correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 3

415253 F 91923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

543

Registered No. F 91923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Weirton (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Pikeview Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Childers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jack

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 7-14-03

8. AGE: Years	Months	Days	If less than one day
38	9	21	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER 12. Name Sam Morrow

13. Birthplace PA

MOTHER 14. Maiden Name Ida Dounds

15. Birthplace PA

16 (a) Informant Records

(b) Address Johns Hopkins Hospital

17 (a) Disposition (Burial, cremation, or removal) (b) Date thereof May 5-42 (month) (day) (year)

(c) Cemetery or crematory Glenwood

Location Md

18 (a) Funeral director Robert L Burns

(b) Address 1338 Hollins street

19 Date received by local registrar MAY 5 1942 Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1942 to May 5 1942 and that I last saw her alive on May 5 1942.

Immediate cause of death Brain Tumor — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-4-42

Major findings of operation: Brain Tumor

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J D Sherman M D M. D.

Address Johns Hopkins Hosp Date signed 5-6-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 91924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

FR-94994

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2404 Roslyn Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) -- 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Roslyn Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ingeborg Andersen Boyd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles J. Boyd
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	18	--hr. ---min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Johannsen Andersen
13. Birthplace Norway

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Norway

16 (a) Informant Mr. Charles J. Boyd
(b) Address 2404 Roslyn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

MAY 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1941 to May 4 1942 and that I last saw h[illegible] alive on May 4 1942

Immediate cause of death: Coronary Occlusion — Duration 4 days
Antecedent Causes
Due to Hypertensive C.V. Disease — 3 yrs
Due to Thyrotoxicosis — [illegible]
Due to
Other Conditions Chronic cholangitis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 3403 Garrison Blvd Date signed 5/5/42

correct age is especially important. Physicians, please write plainly.

VS 8

31925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 31925

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 Hollins ST.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John Ruppole (Ruppel)
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Martha. Ruppel
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 7, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	26	hr. min.

9. Birthplace Washington. D. C. (Town, county, and state)
10. Usual Occupation Linotypist
11. Industry or business —

FATHER
12. Name Jno. Ruppele
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown.
15. Birthplace "

16 (a) Informant Bessie. Seufel
(b) Address 1316 Rhode Island Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave
18 (a) Funeral director Jno. J. Kenny
(b) Address Hollins & Gilmor.

MAY 5 - 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1942, at 6 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion, left
Due to arteriosclerosis
Due to
Other Conditions Cardiac hypertrophy Obesity malaria
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1942

VS 6

F 91926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

F 91926 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Shirkel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	widowed	Wm B. R. Shirkel	years

7. Birth date of deceased (mo., day, yr.) Nov. 19/1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	5	25th		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Shirkel
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Ann —
15. Birthplace Maryland

16 (a) Informant Clarence Shirkel
(b) Address 30 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balto

18 (a) Funeral director Philip Herring Sons
(b) Address 2017 Oldmont

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAY 8 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1942 at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21st 1942 to May 3d 1942, and that I last saw her alive on May 3d 1942

Immediate cause of death Coronary Occlusion — Duration —
Due to Arterio sclerosis — Duration 2.
Due to —
Other Condition Chronic myocarditis — Duration 2.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Sanker M. D.
Address 119 N. Mulberry Date signed 5/6/42

F 91927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 91927 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4825 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" Santa Pellegrini (Birth F 48675)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-42

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Romeo Pellegrini
13. Birthplace

MOTHER
14. Maiden Name Santa
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Rendell & Supple
(b) Address 312 S. Highland Ave

19 MAY 6-1942 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to May 5 1942 and that I last saw h[illegible] alive on May 5 1942

Immediate cause of death Central Hemorrhage Cerebellitis — Duration 4 days

Due to — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack
Address Johns Hopkins Date signed 5-5-42

VS 2

F 91928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 Registered No. F 91928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen. Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Balt Sub Dundalk
(If outside city or town limits, write RURAL, and give town)
(d) Street No. West Balt Gen Hosp (If rural, give locality)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeremiah Paul Toomey (Birth F 49778)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1. 1942

8. AGE: Years | Months | Days 4 3 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Toomey
13. Birthplace Coalsville Pa

MOTHER
14. Maiden Name Elnora Copeland
15. Birthplace Camden. Del.

16 (a) Informant Charles Toomey
(b) Address 2904 Liberty Park. Apts.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Louis Cathol
Location Edmondson Road

18 (a) Funeral director Randall Hupel
(b) Address 612 S. Highland Ave

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

MAY 6 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4- 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1942 to 5-4 1942 and that I last saw him alive on 5-4- 1942

Immediate cause of death asphyxia

Due to Enlarged Thymus.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Checket M.D.
Address West Balt Gen Hosp Date signed 5-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 91929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 2 Bed
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles H Epper Jr. (Epper)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1934

8. AGE: Years	Months	Days	If less than one day
8	3	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Charles L. Kepper

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Parker

15. Birthplace Balto. Md.

16 (a) Informant Charles L. Kepper Sr.

(b) Address 1129 Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Balto. Co.

18 (a) Funeral director Maurice J. Upton

(b) Address 1422 Light Street

19 MAY 6 1942 (Date received by local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4- 1942, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry (Autopsy or Inquiry) and from the evidence obtained by Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Fractured skull

Due to multiple fractures

Due to

Other Conditions Fractured pelvis

abrasions & lacerations

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: two

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 23/1
(b) Date of occurrence 5-4-42 at 8.50 P.M
(c) Where did injury occur? N. W. Cor. W and S Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury? Playing - Struck by truck

23. Signature Thomas J. Waldron M.D. Medical Examiner.

Date signed 5-5-42

VS 6

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 91930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 91930 Registered No.

PLEASE WRITE PLAINLY. Use ink. Spell out all words. Do not use abbreviations. Give full name of deceased. Do not use initials alone. Be sure to answer all questions. Give correct age in years, months, days. Physicians: please write the causes of death clearly and legibly. Underline the cause for which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 S.CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 S.CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLY McHUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN McHUGH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR.15 1885

8. AGE: Years	Months	Days	If less than one day
57	0	18	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name EDWARD G.DAVIS
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name LOUISE REAMER
15. Birthplace BALTO.MD.

16 (a) Informant ESTER KOHLEPP (SISTER)
(b) Address 3312 GLENMORE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 6/42 (month) (day) (year)
(c) Cemetery or crematory MORELAND
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zadeski
(b) Address 403 S.WOLFE ST.

19 (a) 6 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 3 1942 at 9/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1942 to May 3 1942.
and that I last saw her alive on 5/3 1942.

Immediate cause of death	Duration
Pulmonary Edema	17hrs
Due to Chronic Myocarditis	
Due to Aortic Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wright & Sudler, M.D.
Address 3323 E. Baltimore Date signed 5/14/42

F 91931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 91931
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Alice Sts
(c) Hospital or institution: St. Joseph's Hospital 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 FOSTER AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Feehley

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Mary Feehley
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 19. 1859
8. AGE: Years: 82 Months: 3 4 Days: 16 If less than one day: hr. min.
9. Birthplace: Baltimore Md (town, county, and state)
10. Usual Occupation: retired
11. Industry or business

FATHER
12. Name: William Feehley
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Dougherty
15. Birthplace: Ireland

16 (a) Informant: William Feehley (SON)
(b) Address: 3704 Foster Ave

17 (a) New Cathedral (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Old Fredrick Road.

18 (a) Funeral director: Lilly & Ziffin
(b) Address: 403-5 N Bolton

19 (a) Filed MAY 6 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1942, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1942 to 5/5 1942 and that I last saw h[illegible] alive on 5/5 1942.

Immediate cause of death: Pulmonary Embolism — Duration: 2 wks
Due to: Auricular Fibrillation
Due to: Arteriosclerotic Heart Disease
Other Conditions: Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: S. V. Tompakow
Address: St. Joseph's Hospital Date signed: 5/5/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 91932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. F 91932

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution: South Balt. Gen. Hosp 2552
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Sidney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Conrad Walker

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War #1	None	M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1889

8. AGE: Years	Months	Days	If less than one day
52	5	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John C. Walker
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Wilner
15. Birthplace Germany

16 (a) Informant Patient - John Conrad Walker
(b) Address 2507 Sidney St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory ST MATTHEWS CEM
Location O'DONNELL ST EXT.

18 (a) Funeral director F. A. Krauss & Son
(b) Address 1216 S. Charles St.

19 MAY 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 1:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 5-4 1942 and that I last saw h[illegible] alive on 5-1 1942

Immediate cause of death Edema

Due to Carcinoma of bladder

Due to Generalization of bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinoma of Bladder

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed 5-5-42

V8 8

F 91933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 91933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 Moore st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-3

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 Moore st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Frank.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1884

8. AGE: Years 58 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business Home

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Rosa Bush

15. Birthplace Va.

16 (a) Informant William Nash

(b) Address 431 Moore st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-6-42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location Langdon

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave

19 (a) MAY 5 1942 (Date rec'd by reg.) (b) Huntington Williams, M.D. (Signature of reg.)

VS 1

MEDICAL CERTIFICATE

20. DATE OF DEATH May 5 1942 at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 5 1942 and that I last saw him alive on May 5 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 4 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5-7-1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91934 37336 37362 37361 37363 37364 13-7 ✓ 937 F 91934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3711 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Keswick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AGNES CATHERINE PEARSON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Phillip Pearson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1863

8. AGE: Years	Months	Days	If less than one day
79	3	12	hr. min.

9. Birthplace Toronto, Canada (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm Van Every
13. Birthplace Toronto, Canada

MOTHER
14. Maiden Name Catherine Murray
15. Birthplace Toronto, Canada

16 (a) Informant Miss. Florence M. Pearson
(b) Address 3711 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to May 5 1942, and that I last saw alive on April 30 1942

Immediate cause of death: Myocardial infarction — Duration: 2

Due to: Arteriosclerotic myocardial

Due to: disease

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm Van Every M. D.
Address 3429 Clarinth Date signed May 6 42

VS 3

F 91935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 91935 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Highwood Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Highwood Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Hall (CHARLES ALBERT HALL)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-03-1585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Adah Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1892

8. AGE: Years	Months	Days	If less than one day
49	9	17	hr. min.

9. Birthplace Illion, New Jersey (city, county, and state)
10. Usual Occupation Accountant
11. Industry or business H.M. Wagner and Co.

FATHER
12. Name Harry Hall
13. Birthplace England

MOTHER
14. Maiden Name Charlote Coleman
15. Birthplace England

16 (a) Informant Mrs. Adah Hall
(b) Address 706 Highwood Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1942 at 2.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1933 to May 4th 1942 and that I last saw h in alive on May 3rd 1942.

Immediate cause of death: Cardiac tamponade
result of fibrosa
Due to: Chronic emphysema of lungs.
Due to: —
Other Conditions: None
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy:

Duration
6 mo.
1 mo.
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature A. F. Clifford M. D.
Address 6 N 10 York Road Date signed 5-5-42

F 91936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 91936
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 Brookfield Ave
(c) Hospital or institution:

13-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Schwartz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Jacob J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
82				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Aaron Klein
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Macht
15. Birthplace Russia

16 (a) Informant B. Schwartz
(b) Address 2239 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location East Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAY 6 - 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1942, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to May 5 1942.
and that I last saw H. alive on May 6 1942.

Immediate cause of death Cardiac failure — Duration 4 wks.
Due to Arteriosclerosis — 10 yrs.
Due to
Other Conditions Recurrent Abscess following appendicitis at age 75
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Goldstone M. D.
Address 1113 Linden Ave. Date signed May 7, 1942

F 91937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 91937

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1254 Woodburne Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1254 Woodburne Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ida Covert Beetham

3 (b) If veteran, name war ***

3 (c) Social Security Account No. ***

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband *** T. Allen Beetham

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Aug. 13. 1857

8. AGE: Years 84 | Months 7 | Days 21 20 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name George Covert

13. Birthplace New York

MOTHER

14. Maiden Name Martha Larremil

15. Birthplace New York

16 (a) Informant Martha E. Beetham.

(b) Address 1254 Woodburne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director John A. Moran.

(b) Address 4201 Greenmount Ave.

MAY 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3. 1942. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 - 1942 to May 3 1942.

and that I last saw her alive on May 3 1942

Immediate cause of death: Fatty Degeneration of Heart ? — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Allen C. Beetham Jr. M.D.

Address 3139 E. Baltimore Date signed 5-4-42

F 91938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 Registered No. F 91938

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITAL 14-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Warren Dial 72823

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1898

8. AGE: Years	Months	Days	If less than one day
44	1	19	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name John Dial
13. Birthplace S.C.

MOTHER
14. Maiden Name Etta Hood
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. L. Kelman
(b) Address 1303 Light Street

19 (a) Date received MAY 6 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 42, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 19 42 to May 4 19 42 and that I last saw him alive on May 4 19 42

Immediate cause of death: Tuberculous peritonitis — Duration: 5 mos.
Due to
Due to
Other Conditions: pulmonary tuberculosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-5-42

F 91939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8-5 ✓

F 91939 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cary Hospital 26 4D
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3244 E. Balto. St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Burgess

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 1921

8. AGE: Years	Months	Days	If less than one day
21	3	6	hr. min.

9. Birthplace Rutherfordton N C (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name W m C Brown
13. Birthplace Wilmington N C

MOTHER 14. Maiden Name Jean Draper Watson
15. Birthplace Goldsboro N C

16 (a) Informant William P. Brown
(b) Address 404 N. Duke St. Elizabeth City N C

17 (a) 5-7-42 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hollywood Cem.
Location Elizabeth City N C

18 (a) Funeral director John C Melly Sons
(b) Address 2435 E Oliver St

19 (a) Filed by (Signature) (b) Huntington Williams M.D. Registrar

MAY 6 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4- 1942, at 7:14 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Epilepsy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D. Medical Examiner.
Date signed 5-5-42

VS 6

F 91940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

F 91940 Registered No.

PLEASE WRITE FIRMLY, WITH BALLPOINT PEN. Make no erasures. Be sure to answer all questions correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. Monument St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY J. Rittenhouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James Rittenhouse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1852

8. AGE: Years	Months	Days	If less than one day
89	6	7	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Dr. Joseph Craggs
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. James Rittenhouse, Jr.
(b) Address Morrell Park P.O., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 MAY 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to May 5 1942 and that I last saw her alive on May 5 1942.

Immediate cause of death Carcinoma head of pancreas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Graham M.D.
Address University Hosp Date signed 5-5-42

F 91941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 91941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4700 Harford Ave.

(c) Hospital or institution: Mrs. Snyder's Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-12

(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Middleborough (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Hebden

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Edwin Hebden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1856

8. AGE: Years	Months	Days	If less than one day
86	1	15	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name Aquilla Eaton

13. Birthplace Pa.

MOTHER

14. Maiden Name Rebecca Mason

15. Birthplace Pa.

16 (a) Informant Edwin K. Hebden

(b) Address Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1942 (month) (day) (year)

(c) Cemetery ~~cemetery~~ Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

19 (Date rec'd by registrar) MAY 6 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942 to May 4 1942 and that I last saw h.e.r. alive on May 4 1942

Immediate cause of death Hypertensive Cardio Vascular Renal Disease

Duration 19 yrs

Due to Cardiac Decompensation 5/7/42 and failure.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clara D. Edmunds M. D.

Address 7746 Alaanda Date signed 5/5/42

VS 8

F 91942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a F 91942

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. EXETER St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MORRIS DECKELMAN

If U. S. Veteran specify WAR

(a) Residence: No. 15 S. EXETER St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOW

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROSE

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME JACOB

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME EVA

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT MR DECKELMAN - SON

(Address) 15 S. EXETER ST.

18. BURIAL, CREMATION, OR REMOVAL

Place BALTO. HEBREW Date 5-6-42 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto St.

20. FILED MAY 6 - 1942 Huntington Will Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939 to May 6, 1942

I last saw alive on May 6, 1942. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	3 days
Arterio Sclerosis	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel E. Bogue M. D.

(Address) 1905 W. Baltimore St.

H. L. Hollenweber, M.D. pro S.M.F.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 91943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 F 91943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 W Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Ruth Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-34

8. AGE: Years	Months	Days	If less than one day
7	7	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Snow
13. Birthplace

MOTHER
14. Maiden Name Catherine Allen
15. Birthplace Baltimore Md

16 (a) Informant Catherine Allen
(b) Address 917 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3228 Schroeder St

19 (a) (Date received by local registrar) MAY 8 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1942 to 5-4 1942 and that I last saw h alive on 4-30 1942

Immediate cause of death Epilepsy — Duration 3 yrs

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 3-3 Rodolph St Date signed 5-5-42

F 91944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 91944
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 W. Forest Pk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLAUDE BARTON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1912

8. AGE: Years	Months	Days	If less than one day
30	4		hr. min.

9. Birthplace Westminster S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Barton
13. Birthplace Westminster S.C.

MOTHER
14. Maiden Name Alice Manly
15. Birthplace Westminster, S.C.

16 (a) Informant Delia Johnson
(b) Address 1145 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Date received MAY 8 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1942 at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of chest

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-2-42 at 9 P. M
(c) Where did injury occur? Home Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? — (Specify type of place)
(e) Means of injury Stabbed with kitchen knife

23. Signature H L Williams M.D. Medical Examiner.
Date signed 5-3-42

during fight

VS 6

Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91945 HEALTH DEPARTMENT—CITY OF BALTIMORE F 91945

CERTIFICATE OF DEATH

927

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 808 Bradley Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Coraluyus Brown
(a) Residence: No. 808 Bradley St. 17-3 Ward. Wd. 1.
(Usual place of abode)
If U.S. Veteran specify WAR ...
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, year): Sept. 27 1884
7. AGE: 57 Years | 7 Months | 6 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Josh Brown
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Mary —
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Joshua Brown
(Address) 808 Bradley St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: May 6, 19 42

19. UNDERTAKER: McLogie R. Williams
(Address) 323 E Lanvale St

20. FILED: MAY 6 - 1942 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3, 42

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 19 42 to May 3 19 42
I last saw alive on May 2 19 42 Death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease Heart	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...
(Signed) Frank Ewaguld M.D.
(Address) 3027 Calvert

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Johnson 1337 S. Charles St ✓ Cook 91946

F 91946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Byrd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Byrd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Frank

3 (b) If veteran, name war: WWI ✓
3 (c) Social Security Account No. 216-07-7692

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20th 1887

8. AGE: Years	Months	Days	If less than one day
54	5	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Die Setter
11. Industry or business Mast Engraving Stamping Co

FATHER
12. Name John Frank
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Louise England
15. Birthplace Balto. Md.

16 (a) Informant Margaret Frank
(b) Address 1700 Byrd St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 207 ST Paul St

19 MAY 6 1942 Hartington Williams Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1942, 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to May 5 1942; and that I last saw h alive on May 5 1942

Immediate cause of death: Myocardial insufficiency

	Duration
Due to	
Due to	
Other Conditions Coronary thrombosis	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Johnson
Address 1337 S. Charles St Date signed 5/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 91947
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUDREEN TAYLOR (Birth F 43125 ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 19 1942

8. AGE: Years	Months	Days	If less than one day
	3	15	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jessie Taylor.
13. Birthplace Eastern Shore Va

MOTHER
14. Maiden Name Mary Bailey
15. Birthplace Eastern Shore Va.

16 (a) Informant Jessie Taylor
(b) Address 1328 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location Edgewood Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 929 Mount St

19 (a) MAY 6 1942 (Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 42 at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
e autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 5-6-42

F 91948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

F 91948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4416 Evanhoe ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 10
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4416 Evanhoe ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Millie Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Coleman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 16 1874
8. AGE: Years 67 Months 10 Days 18 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Perry Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Henritta Lewis
15. Birthplace Va

16 (a) Informant Lula Williams
(b) Address 4416 Evanhoe ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) Huntington Williams, M.D. Registrar
(Deputy) (city registrar)
MAY 6 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1942 to May 3 1942 and that I last saw h. alive on May 3 1942

Immediate cause of death — Duration
Cardiac Lard Decomp
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis A. Jolemon M.D.
Address 2329 Eutaw pl Date signed May 6 - 42

41437 F 91949 BALTIMORE CITY HEALTH DEPARTMENT F 91949
CERTIFICATE OF DEATH 117a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Highlands (If outside city or town limits, write RURAL and give county)
(d) Street No. 3900 Annapolis Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Aschemeier
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank
6 (c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): 7-8-03
8. AGE: Years 38 | Months 9 | Days 27 | If less than one day: hr. min.
9. Birthplace: Md (Town, county, and state)
10. Usual Occupation: Beauty Operator
11. Industry or business
FATHER 12. Name: George Gohlinghorst
13. Birthplace: Md
MOTHER 14. Maiden Name: May Coleman
15. Birthplace: Md
16 (a) Informant: Records
(b) Address: Johns Hopkins Hospital
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Location: Frederick Rd.
18 (a) Funeral director: Fred A. Kramer & Son
(b) Address: 1216 N. Charles St.
19 (a) (Date of death) MAY 6 (month) 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH: May 5 1942 at 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1942 to May 5 1942 and that I last saw her alive on May 5 1942.
Immediate cause of death: hemmorrhage from intestines - Post operative — Duration: 5 days
Due to
Due to
Other Conditions: gastric ulcer; P.O.
(Include pregnancy within 3 months of death)
Date of operation: April 13 42
Major findings of operation: gastric ulcer
of autopsy: No —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Willard E. Goodwin M.D. M. D.
Address: Johns Hopkins Hospital Date signed 5-5-42

VS 2

Please write plainly. Physicians: please write the causes of death clearly and legibly. Punctuation is necessary. Abbreviations should not be used. Statement of conditions should be complete and correct. Exact medical terminology is required. Indefinite or unscientific terms and abbreviations are unacceptable. Cause of death must be certified for every death. Do not report symptoms of mode of dying, but the primary cause of disease or injury which started the train of events terminating in death. Any additional information which may throw light on any of the items will be helpful and should be given. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are all important. Physicians: please write the causes of death clearly and legibly.

F 91950 BALTIMORE CITY HEALTH DEPARTMENT 119a F 91950

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Marshall St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 2
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State M. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Marshall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. M. Martin (Birth F 37592)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1941

8. AGE: Years	Months	Days	If less than one day
	6	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business

FATHER
12. Name Charles Ed. Martin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Naomi Lowman
15. Birthplace Balto. Md.

16 (a) Informant Mr. Charles E. Martin
(b) Address 1715 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd.

18 (a) Funeral director Fred J. Kramer & Sons
(b) Address 1216 N. Charles St

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 6 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1942 at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1942 to 5/5 1942 and that I last saw h[illegible] alive on 5/5 1942

Immediate cause of death: Acute Myocarditis — Duration: 1 day
Due to: Acute Dearrhea — 1 day
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. B. Wheeler M.D.
Address 1279 Williams St Date signed 5/6/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 91951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5308 Fernpark Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5308 Fernpark Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Elizabeth Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm Moreland Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1853

8. AGE: Years	Months	Days	If less than one day
88	8	15	hr. min.

9. Birthplace Philadelphia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Richard Harris
13. Birthplace Hartford, Conn.

MOTHER
14. Maiden Name Felicia Ann Ingersoll
15. Birthplace New Jersey

16 (a) Informant Mrs. Carrie Rose O'Brien
(b) Address Harford - R.F.D. Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Cem.

18 (a) Funeral director John J. Lanahan & Son
(b) Address 941 Hollins St.

19 (a) Filed MAY 6 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at 4 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27, 1942, to May 5, 1942, and that I last saw h[illegible] alive on May 4, 1942.

Immediate cause of death General cellular degeneration and senility. — 3 days

Due to Age.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Norman B. Cole
Address 622 Medical Arts Bldg. Date signed May 5, 42

FRAUDS WILL BE PROSECUTED. Please write the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

F 91952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200 Registered No. F 91952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Saratoga st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 26 d 1940

8. AGE: Years	Months	Days	If less than one day
2	-	8	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William Brown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Marie Diggs
15. Birthplace Va

16 (a) Informant William Brown
(b) Address 1023 Saratoga st

17 (a) (Burial, cremation, or removal) (b) Date thereof 5th 7th 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor st

19 (a) MAY 6 1942 (b) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-1942 at 6.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Bronchio-pneumonia
Due to
acute Bronchitis entero-tis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-5-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

F 91953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 S. Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 S. Parrish (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph H. Strider

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-7887

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Ellen Stewart Strider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1886

8. AGE: Years	Months	Days	If less than one day
55	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sheet metal worker
11. Industry or business

FATHER
12. Name Wm. F. Strider
13. Birthplace Md

MOTHER
14. Maiden Name Eleanor Hartman
15. Birthplace Md

16 (a) Informant Mrs. Eleanor Wyckoff
(b) Address 425 S. Parrish 5/9/42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light

19 (a) MAY 6 – 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942, to May 6 1942 and that I last saw h[illegible] alive on May 6 1942

	Duration
Immediate cause of death: Chronic Myocarditis	3 months
Due to: Pneumonia	4 days
Due to: Pulmonary Congestion	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. B. Wilcox
Address 1709 William St Date signed 5/7/42

PLEASE WRITE CLEARLY, with pen and ink. Use no abbreviations. Do not use ditto marks. Be sure to answer every question. Do not leave any items unanswered. If none, write "None," "Not Applicable," or "Unknown," as the case may be. Be sure to give the exact place of death and correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 91954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 91954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be accurately supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Kathleen McGuire (Birth F 49767)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-42

8. AGE: Years	Months	Days	If less than one day
		14D	hr. min.

9. Birthplace Baltimore, Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Patrick McGuire
13. Birthplace Woodlawn Pa.

MOTHER
14. Maiden Name Elonora A. Schott
15. Birthplace Balto. Md

16 (a) Informant Patrick McGuire
(b) Address 141 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell Rd.

18 (a) Funeral director John A. McGann
(b) Address 3000 E. Balto. St.

19 (a) MAY 6 — 1942 (Date rec'd by reg'r) Huntington Hillegass, Reg'istrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1942, 6.35 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 5-1- 1942 to 5-5- 1942 and that I last saw HER alive on 5-5- 1942

Immediate cause of death: Respiratory Failure
Due to: Pneumaturnity
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. M Cheeket M.D.
Address West Balt Gen Hosp Date signed 5-6-42

VS 3

F 91955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 91955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Luzerne Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Luzerne Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE MULLER

3 (b) If veteran, name war: NONe
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob J. Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1869

8. AGE: Years	Months	Days	If less than one day
73	5	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name George Metzman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ? Hax
15. Birthplace Baltimore, Md.

16 (a) Informant Lula J. Maas
(b) Address 609 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 (a) MAY 6 - 1942 (Date rec'd by registrar) Registrar

Thurlington for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1942 19 , at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to May 5, 1942, and that I last saw her alive on May 5, 1942.

Immediate cause of death — Duration
Arterio sclerosis — ?
Myocardial degeneration
Due to Hypertension
Due to Senile Psychosis
Other Conditions Carcinoma - breast
Removed 8 yrs. ago
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klemm M. D.
Address 2623 E. Monument Date signed 5/5/42

VS 3

PRINT WITH A PENCIL. WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 91956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 91956

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Do not use abbreviations. Give full name of deceased. Do not enter nicknames. Give correct age in years. If unknown, state approximate age. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Chesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-7
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Chesley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick W. Rosenthal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Adel Rosenthal
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) July 1857

8. AGE: Years	Months	Days	If less than one day
84	10		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dairy Products
11. Industry or business

FATHER
12. Name Herman Rosenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Levin
15. Birthplace Germany

16 (a) Informant Albert Rosenthal
(b) Address 2916 Chesley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director John Ulfelder
(b) Address 2008 Orleans St

19 (a) MAY 6 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to May 4, 1942, and that I last saw h. alive on May 4, 1942.

Immediate cause of death	Duration
Acute pulmonary edema	
Coronary Sclerosis	
Due to Myocardial Insufficiency	
Arteriosclerosis	
Due to Chronic Nephritis	
senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Janney M.D.
Address 7101 Harford Rd. Date signed 5/5/42

VS 3

F 91957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91957 Registered No. 414963 1178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Amherstdale (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ulysses P. McFarland

3 (b) If veteran, name war

3 (c) Social Security Account No. 236-07-0033

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Katherine [illegible]

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 8-1-02

8. AGE: Years	Months	Days	If less than one day
39	9	5	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Coal Co.

FATHER
12. Name Ulysses McFarland
13. Birthplace Tenn.

MOTHER
14. Maiden Name Ida Mae Spears
15. Birthplace Ky.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1942 (month) (day) (year)
(c) Cemetery or crematory Glasgow, Ky.
Location Glasgow, Ky.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 MAY 6 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942 at 12 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to May 6 1942 and that I last saw him alive on May 6 1942.

Immediate cause of death Perforated duodenal ulcer & overwhelming peritonitis

Duration 5 days

Due to

Due to

Other Conditions C. N.S. Lues Malaria; Induced (Include pregnancy within 3 months of death)

Date of operation 5-3-42

Major findings of operation: Peritonitis

of autopsy: Prof. Lund, when [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willard C. Goodwin
Address Johns Hopkins Hospital Date signed 5-6-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

91958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 91958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Little Sisters of the Poor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Ritter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Christian Ritter
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Steiner
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) MAY 6 – [illegible] (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1942 to May 5 1942 and that I last saw him alive on May 5 1942.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry D. Brown M.D.
Address Mercy Hospital Date signed May 5 1942

VS 1

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Make entries in all spaces. Be sure to answer each question. Please give information as requested and be sure that it is correct and complete. Be sure that the cause of death is correctly stated. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

91959 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

F 91959

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ← 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Ann - St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Kominski (Birth F 32705) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-41

8. AGE: Years | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Milton

13. Birthplace Pa.

MOTHER 14. Maiden Name Helen Bandlitz

15. Birthplace Md

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Druid Hill Ave

18 (a) Funeral director J. J. Feldmann & Son

(b) Address 32 S. Broadway

19 MAY 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1942 at 1115 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5- 1942 to 5-5- 1942 and that I last saw him alive on 5-5- 1942.

Immediate cause of death Meningococcus septicemia — Duration 14 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Fulcher

Address Johns Hopkins Date signed 6.5.42

VS 2

FILL WITH WRITING INK. WHEN CERTIFYING, UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 91960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 91960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Ellicott Driveway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Ellicott Driveway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaretha Kirchhoff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Conrad Kirchhoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23 - 1854

8. AGE: Years	Months	Days	If less than one day
87	5	12	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name John W. Braunlein
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Reinp
15. Birthplace Germany

16 (a) Informant Mrs. A. Marie A. Mapkamp
(b) Address 2900 Ellicott Driveway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director Frank E. Eyler
(b) Address 1400 W. North Ave

19 MAY 6 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942; at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to May 4 1942 and that I last saw h- alive on May 4 1942

Immediate cause of death: Cerebral Hemorrhage - Renal Disease — Duration 14 Days

Due to

Due to

Other Conditions: Intertrochanteric fracture right hip

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 2 1942 at 1230 M
(c) Where did injury occur? In bathtub
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Slipped in bath tub

23. Signature Adelbert A. Fentonmiller M.D.
Address 1219 Eutaw Place Date signed 5/6/42

VS 3

F 91961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. F 91961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N. Bouldin St.,
(c) Hospital or institution:

26-10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Bouldin St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie L. Petr.,

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife Mathew Petr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1885

8. AGE: Years	Months	Days	If less than one day
57	3	13	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife at home.,
11. Industry or business

MOTHER | FATHER
12. Name Anton Cernohorsky
13. Birthplace Czechoslovakia
14. Maiden Name Smolik
15. Birthplace Czechoslovakia

16 (a) Informant husband
(b) Address 621 N. Bouldin St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

Date received MAY 6 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1942 at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1942 to 5/3 1942
and that I last saw her alive on 5/3 1942

Immediate cause of death: myocardial insufficiency — Duration 4 hrs
Due to: conditio — ?
Due to:
Other Conditions: general arteriosclerosis — ?
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Dotterer
Address 447 N. Kenwood Ave. Date signed 5/6/42 M. D.

PLEASE WRITE PLAINLY, with unfading ink. Erasures, alterations, or illegible words will void certificate. Be sure that the information you give is correct and complete. Answer each question. If none, or not applicable, write NONE, where necessary to complete unknown or doubtful answers. Do not use abbreviations or ditto marks. Be sure that your entries are legible and correct are especially important. Physicians: please write the causes of death clearly and legibly.

F 91962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Both statements are required. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1644 W North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yetta Samuels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Hyman Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Shuerofsky
15. Birthplace Russia

16 (a) Informant Charles Samuels
(b) Address 1644 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 7 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

1.45

20. DATE OF DEATH May 6, 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to May 6 1942 and that I last saw her alive on May 6 1942.

Immediate cause of death Bronchio-Pneumonia — Duration 2 days

Due to Chronic Myocarditis & Acute Pulmonary Edema. — Duration 5 yrs - 9 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Ashman
Address 192 W North Ave Date signed 5/6/42

F 91963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 91963

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or Institution: Church Home & Infirmary 14-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 da

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1357 W. North Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Johanna Eckhaus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1871

8. AGE: Years	Months	Days	If less than one day
71	0	1	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER

12. Name Simon Eckhaus

13. Birthplace Germany

MOTHER

14. Maiden Name Babette Samuel

15. Birthplace Germany

16 (a) Informant Patient

(b) Address 1357 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (month) (day) (year)

(c) Cemetery or crematory Oheb Shalom Cemetery

Location Odonnell St

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

19 (a) MAY [illegible] 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/42 19 at 4 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/42 19 to 5/6/42 19, and that I last saw h alive on 5/5/42 19

Immediate cause of death Congestive Ht. failure — Duration 7 wks

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Mary Eitelberg

Address Church Home & Infirmary M.D. Date signed 5/6/42

VS 3

F 91964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 91964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore Ear, Eye Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5509 Haddon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HONOR MILLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William L. Miller
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 9, 1890

8. AGE: Years	Months	Days	If less than one day
51	10	26	hr. min.

9. Birthplace Laurel, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Plummer W. Carr
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Angeline Brashears
15. Birthplace Prince Geo. Co., Md.

16 (a) Informant Mr. William L. Miller
(b) Address 5509 Haddon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 7 - 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION 35

20. DATE OF DEATH May 5 19 42 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to May 5 1942, and that I last saw her alive on May 5 1942.

Immediate cause of death: Hypertension, Cerebral Hemorrhage — Duration 5 yrs. 5 days.
Due to
Due to
Other Conditions: Hypertension, Congestion
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Dasher, M. D.
Address [illegible] Medical Bldg. Date signed May 6/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 91965 ! BALTIMORE CITY HEALTH DEPARTMENT ✓ F 91965

CERTIFICATE OF DEATH 164E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 St. Johns Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 104 St. Johns Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie K. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife Charles Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 4 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	2	18/20		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Louis Dreschal
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Charles Schmidt
(b) Address 104 St. Johns Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/41. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director H. H. Tankersley
(b) Address North Eutaw

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

MAY 7 — 1942 (Bvs)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942, at 10 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy + inquiry thereon, and from the evidence (Autopsy or Inquiry)
obtained by said autopsy and inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death right fracture of hip and pelvis (left)
Due to fall from 3rd story window
Due to mental despondency
Other Conditions Hypertensive cardio vascular disease history of stroke
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 4 1942 at 8 30 AM
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Jump from window

23. Signature Robert Lee Gatchell M.D. Medical Examiner.
Date signed May 4 1942

I certify that the above is a true and correct statement of the facts relating to the death of the person named herein, as far as known to me. Physicians: please write the causes of death clearly and legibly.

91966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a ✓ Registered No. F. 91966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 651 Sterling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 & 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 651 Sterling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	19	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John White
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Md.

16 (a) Informant Josephine White
(b) Address 654 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

MAY 7 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-1942 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1942 to 5-4 1942 and that I last saw h alive on 5-4 1942

Immediate cause of death

(a) Acute Hemoplegia

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: None —

Duration: 4 hrs

Poor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. L. Allen, M.D.
Address 121 Chase St Date signed 5-5-42

VS 3

F 91967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 91967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 Park ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days) Lf.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Park ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME SUSANNA Beyer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	White	Widow

6 (b) Name of husband or wife GOTTFried Beyer
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 10-14-1848

8. AGE: Years	Months	Days	If less than one day
93	6	22	1 hr. ____ min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name NOT KNOW
13. Birthplace

MOTHER
14. Maiden Name NOT Know
15. Birthplace

16 (a) Informant Miss JOHANNA Beyer
(b) Address 1812 PARK AVE
17 (a) Buriel (Burial, cremation, or removal) (b) Date thereof MAY 8 42 (month) (day) (year)
(c) Cemetery or crematory ST PAUL
Location VIOLETVILLE
18 (a) Funeral director Mrs Chas A. J. Rolide
(b) Address 2327 Edmondson Ave
19 MAY 7 - 1942 (Date rec'd by Registrar) (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at 11:50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1938, to May 5 1942, and that I last saw h alive on May 4 1942.

Immediate cause of death ____ Duration ____
Due to Fracture of R. Hip 3 weeks
Due to ____
Other Conditions Senility
(Include pregnancy within 3 months of death)
Major findings
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 20 1942
(c) Where did injury occur? Baltimore — Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home While at work? ____
(Specify type of place)
(e) Means of injury Fell from chair to floor.
23. Signature A. S. Clayton M. D.
Address 6 N Monroe St Date signed May 6 42

VS 1

F 91968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 91968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a physician to certify to the cause of death. Fill in all items. Use additional sheet if necessary. Give exact place of death and full residence of deceased. If in a hospital or institution, do not give temporary residence, but the home where the deceased lived when he entered. Be sure to answer every question, and where the question is not applicable, write "none," so that there can be no mistake. Do not use abbreviations. Write out the full name and address. Do not use ditto marks. Be particular and correct as the certificate cannot be changed after it is filed. Write clearly with pen and ink and make permanent record. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Park Heights Terrace (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Cohen

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad Rd & Hamilton Ave
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.
19 (a) MAY 7 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942 at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 6 1942, and that I last saw him alive on May 5 1942.

Immediate cause of death	Duration
Asthenia	
Due to Anuria	
Due to Chronic glomerulo-nephritis	
Other Conditions Hypertension & Cardio-vascular degeneration. Parotitis, left	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Kirkland M.D.
Address Sinai Hospital Date signed 5/6/42

VS 3

F 91969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 91969

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 527 N. Fulton Avenue

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 527 N. Fulton Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert G. Wehner

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-5315

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ida Smith

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1873

8. AGE: Years 68 | Months 7 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Frostburg, Md. (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business Stone & Webster

FATHER

12. Name George Wehner

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth ?

15. Birthplace Germany

16 (a) Informant Harold C. Wehner

(b) Address 527 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1942 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Windsor Mill Road

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

MAY 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 44 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 38 to May 5 1944 and that I last saw h live on May 5 19 44

Immediate cause of death: Coronary Thrombosis — Duration 15 min.

Due to Arteriosclerotic type heart disease — Interval

Due to Generalized arteriosclerosis with hypertension — Interval

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. W. Winchell M. D.

Address 2901 Edmondson Ave. Date signed

VS 8

F 91970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183 Registered No.

F 91970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Died

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 345 E 21st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E. DEGELE Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 18th 1931

8. AGE: Years	Months	Days	If less than one day
11	1	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business Public School

FATHER
12. Name Chas. Edward Degele Sr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Audrey Wilson
15. Birthplace Balto. Md.

16 (a) Informant Chas. E. Degele Sr.
(b) Address 349 E. 21st st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul st

19 MAY 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 5, 1942 at 6:20 P.M.
(c) Where did injury occur? Swan Creek (City or town) Harford (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Drowned while swimming

23. Signature H. L. Wollenweber M.D.
Date signed 5-5-42 Coroner Medical Examiner.

VS 6

F 91971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 91971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1198 N 24th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

12-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1198 N 24th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellie M Cunningham

3 (b) If veteran, name war —
3 (c) Social Security Account No. 4406

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Christopher Cunningham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1884
8. AGE: Years 58 | Months 2 | Days 4 | If less than one day hr. min.
9. Birthplace Philadelphia Pa (town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Bernard Brennan
13. Birthplace Philadelphia Co

MOTHER
14. Maiden Name Mary L Roffey
15. Birthplace Philadelphia Co

16 (a) Informant C J Cunningham
(b) Address 119 N 24th St

17. Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros
(b) Address 1217 E Pond St

19 (a) MAY 7 - 1942 (Date rec'd by registrar) Huntington, West Virginia, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1942 to 5-5 1942; that I last saw her alive on 5-4-1942

Immediate cause of death: Coronary disease (acute) — Duration 1 day

Due to

Due to

Other conditions Arteriosclerosis — 5 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Richardson M.D.
Address 1901 Eutaw St Date signed 5/6/42

VS 2

F 91972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 91972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 N Lemvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 N Lemvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Mutch Dillinger

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 0145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1878

8. AGE: Years	Months	Days	If less than one day
64	1	13	hr. min.

9. Birthplace Cottonville Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City of Balt.

FATHER
12. Name William Dillinger
13. Birthplace Unknown

MOTHER
14. Maiden Name Emma Evans
15. Birthplace Va

16 (a) Informant Harry M Dillinger
(b) Address 4704 Dunbarton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilson Cook
(b) Address 1217 E Fort Ave

19 MAY 7 - 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Augustine P. Vandelwig M. D.
Address 4818 Edmondson Ave Date signed May 6 1942

A. J. Wollenweber, M. D. Pub. Hlth. Nurse.

VS 3

F 91973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give exact age in years if known, or approximate if not known. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5315 Denmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 18
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Denmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Dora Melvina Chambliss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	married

6 (b) Name of husband or wife Robert Chambliss
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 18 1892

8. AGE: Years	Months	Days	If less than one day
49	9	16	hr. min.

9. Birthplace Lavarella md (Baltimore) (Town, county, and state)
10. Usual Occupation Home wife Seamstress
11. Industry or business Custom House

FATHER
12. Name James Tyler
13. Birthplace Md

MOTHER
14. Maiden Name Harriett Thomas
15. Birthplace md

16 (a) Informant Robert Chambliss
(b) Address 5315 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Luke
Location Sparrows Pt. Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.

MAY 7 1942 (Registrar) (b) Registrar

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 — 4 — 1942 at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 — 15 — 1941 to 5 — 4 — 1942 and that I last saw her alive on 5 — 2 — 1945.

Immediate cause of death Carcinoma of Lungs — Duration Unknown
Due to Unknown
Due to
Other Conditions Unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 5-4-42

F 91974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 91974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made on information furnished by informant. Information must be satisfactory for registration purposes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wood Carlie St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 1263 North Dukeland
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Michael SCHWICHTENBERG

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0211

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 2nd 1877

8. AGE: Years	Months	Days	If less than one day
64	6	4	____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business Baltimore Iron Works

FATHER
12. Name August Schwichtenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Streager
15. Birthplace Germany

16 (a) Informant Mrs Bertha Freamer
(b) Address 2124 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1942 (Month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location E North Ave Ext

18 (a) Funeral director Leo G. Brooks
(b) Address 1201-03 N Patt Park Ave

19 (a) MAY 7 1942 (b) Huntington Williamsville, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11/42 19 , to 5/6 1942 and that I last saw h[illegible]r alive on 5-6 1942

Immediate cause of death ____ Duration ____

Due to Cardiac insufficiency 2 yrs

Due to Diabetes Mellitus 2 yrs
and Arteriosclerotic

Other Conditions Heart Disease

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature L. A. Tormey M.D.
Address St Joseph's Hospital Date signed 5/6

F 91975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 91975 !

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not fold. Use typewriter if possible. Be sure to answer every question. Where information is not known, write "unknown." Be sure that your statement of facts is complete and correct as far as you have knowledge. Be sure that the cause of death is stated so that it can be understood by a person not a physician. Be sure that the age is correct. Be sure that the cause of death is stated clearly and legibly. Be sure that the age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forrest St.
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. Crisfield Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Fields

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Sadie Bundy Fields
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1896

8. AGE: Years	Months	Days	If less than one day
46	3	9	hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Isaac Fields
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Bailey
15. Birthplace Virginia

16 (a) Informant John A. Bradshaw
(b) Address Crisfield Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8-1942 (month) (day) (year)
(c) Cemetery or crematory Pawsonia
Location Crisfield Md Somerset Co Md
18 (a) Funeral director [illegible]
(b) Address 724 Augusta St Baltimore Md
19 (a) Filed MAY 7 1942 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942, at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942, to May 6 1942 and that I last saw h[illegible] alive on May 6 1942

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1122 St. Paul St. Date signed 5-6-42

b. P. Scarborough, Jr

MFR F 91976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 91976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Jackson No Home

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, ~~Married, Widowed or Divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1874

8. AGE: Years 67 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace [redacted] Md. (Town, county, and state)

10. Usual Occupation CAP Laborer

11. Industry or business

FATHER 12. Name William

13. Birthplace Baltimore

MOTHER 14. Maiden Name Catherine

15. Birthplace Baltimore

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/7/42 (month) (day) (year)

(c) Cemetery Loyal Heart Cemetery Hall Rd Balto Co. Md

18 (a) Funeral director John J. Faherty & Son

(b) Address 1328 Light St.

19 (a) [illegible] (b) Huntington Williams, M.D.

MAY 7 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1939, to 5-5 1942, and that I last saw h~~e~~ alive on 5-5 1942.

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions Arteriosclerosis Generalized — 7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-7-42

91977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 91977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1530 N. Duke Street (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertram McC. Hoover

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL MAY 7, 1942
Commissioner of Health
18 (a) Funeral director For E. L. Moore
(b) Address
19 MAY 7 - 1942 (b) Entry for Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1942 at 1.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection Autopsy thereon and from the evidence obtained by said Inspection Autopsy did that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 4-20-42

V8 6

0081

F 91978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. E 91978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 48 Months Days If less than one day hr. min. 60

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery UNIVERSITY MEDICAL SCHOOL MAY 7, 1942
Location Commissioner of Health

18 (a) Funeral director

(b) Address

19 (d) MAY 7 - 1942 (Date rec'd by registrar) Per H. A. Moore Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 8 50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Woollemanhaupt M.D.
Medical Examiner.

Date signed 4-30-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

5080

91979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 91979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 Thames Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Kowaki

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Helen A. Barth
(b) Address 4114 Academy Ave Reisterstown Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 7, 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per E. L. Moore

19 (Signature of Registrar) MAY 7 - 1942 Inspector for Baltimore, Md.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1942, at 10 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy & Inquiry upon and from the evidence obtained by Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death — **Duration**
Cardio-Vascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Welden M.D.
Medical Examiner.
Date signed 4-29-42

2079

91980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. F 91980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Haring #2 (Birth F 48422)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Sing C

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Gilbert

13. Birthplace

MOTHER 14. Maiden Name Katherine Moosberger

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address

19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1942 to 5/2 1942 and that I last saw h[illegible] alive on 5/2 1942.

Immediate cause of death Atelectasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Atelectasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Muse M. D.
Address St. Agnes' Hosp. Date signed 5/7/42

MAY 7 1942 Commissioner of Health

MAY 7 1942 Per H. A. Moore

Huntington Williams M.D.

VS 8

9078

F 91981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 91981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1082 W. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and the town)
(d) Street No. 1082 W. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Albert Turner.

3 (b) If veteran, name war: White
3 (c) Social Security Account No. None.
4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Lena Turner.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 4, 1875
8. AGE: Years 66 67 | Months 10 | Days 1 | If less than one day: hr. min.
9. Birthplace: Md. (Town, county, or state)
10. Usual Occupation: Stevedore (Unemployed)
11. Industry or business

MOTHER / FATHER
12. Name: Unknown
13. Birthplace: "
14. Maiden Name: unknown
15. Birthplace: "

16 (a) Informant: Rosena Beverly (Daughter)
(b) Address 1082 W. Dallas St.
17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location
18 (a) Funeral director: Robert L. Young
(b) Address 804 N. Carrollton Ave.
19 MAY 7 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 1942 to May 5 1942 and that I last saw him alive on May 3 - 1942.

Immediate cause of death: Cardiac failure
Due to: Arteriosclerosis.
Due to: Hypertension.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 1 day. Months. Hours.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Louis L. Hamm M. D.
Address 2340 Madison Ave Date signed 5-6-42

VS 3

91982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 91982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cottman & Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Elbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Widowed

6 (b) Name of husband or wife Louise Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 - 1868

8. AGE: Years	Months	Days	If less than one day
74	1	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Gardner
11. Industry or business Baltimore City

FATHER
12. Name Leonard Frederick
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Weis
15. Birthplace Germany

16 (a) Informant George Frederick Jr.
(b) Address 3300 Elbert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director George L. Schwartz
(b) Address 7101 Frederick Ave.

19 MAY 7 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 - 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to May 6 1942 and that I last saw h[illegible] alive on May 6 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension C.V.D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Bourne M.D.
Address St. Agnes Hospital Date signed 5/6/42

VS 3

91983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 91983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Light Street
(c) Hospital or institution: South Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Park
(If outside city or town limits, write RURAL and give town)
Street No. 12 Charles St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Brewster

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-9913

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Brewster

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) April 15, 1912

8. AGE: Years 30 | Months — | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sale Clerk

11. Industry or business Dept Store

FATHER
12. Name Wm H. Mariner

13. Birthplace Balto

MOTHER
14. Maiden Name Marie Black (Vlach)

15. Birthplace Balto

16 (a) Informant James Brewster

(b) Address 12 Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director Geo. J. Kenny

(b) Address Hollins & Gilmor

19 MAY 7 — 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1942, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1942 to 5/5 1942, and that I last saw h alive on 5/5 1942

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions TBC peritonitis Enteritis, Emaciation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as stated above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stokes M. D.

Address 21 Rolls Ter Balto Date signed 5/6/42

VS 2

LFR 73695

F 91984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-P

F 91984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N. Pine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

1715

3 (a) FULL NAME Cleo White, 400 N. Pine St.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced
M	C	Separated

6 (b) Name of husband or wife Bernetta White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1915

8. AGE: Years	Months	Days	If less than one day
26	6	10	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Enoch White
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah Thomas
15. Birthplace North Carolina

16 (a) Informant B. C. Records
(b) Address

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 5 10 42 (month) (day) (year)
(c) Cemetery or crematory Elizabeth City Cem.
Location Elizabeth City North Carolina

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

MAY 8 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1942, at 11 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1942 to 5-5 1942 and that I last saw her alive on 5-5 1942.

Immediate cause of death	Duration
Cardiac failure	2 wks
Due to Pulmonary emphysema	?
Due to Pulmonary tuberculosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 5-12-42

F 91985 ✓ F 91985 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-a

Registered No. ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr.22ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 Etting Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD WILLIAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1893

8. AGE: Years	Months	Days	If less than one day
48	7	28	hr. min.

9. Birthplace HOWARD COUNTY, MARYLAND (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Grace Williams
15. Birthplace Howard County, Md.

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location Baltimore, Md.

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) [illegible] (b) Huntington Milwaukee, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1942, 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 1941, to May 6, 1942, and that I last saw him alive on May 6, 1942.

Immediate cause of death	Duration
Multiple brain abscesses	
Due to Bronchopneumonia and lung abscesses	
Due to	
Other Conditions Carcinoma of the larynx	

(Include pregnancy within last month of death)
Date of operation 4/21/42; 5/11/41
Major findings of operation: Laryngofissure; bronchoscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. N. [illegible] M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/7/42

F 91986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 91986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 N Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 N Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

15-K

3 (a) FULL NAME Annie Biddle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Grant Biddle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	7	11		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Grafton Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary?
15. Birthplace Maryland

16 (a) Informant Grant E Biddle
(b) Address 1429 N Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee W. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAY 8 – 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1942 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to May 4 1942 and that I last saw h[illegible] alive on May 2 1942.

Immediate cause of death	Duration
Cerebral Hemmorrhage	May 4, 1942
Due to Arteria sclerosis	
Due to	
Other Conditions Bronchitis & Pulmonary Pleurisy April 1942 Hypertension & Nephritis (Include pregnancy within 3 months of death)	

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph E Harvey
Address 1429 E Monument Date signed 5/6/42 M. D.

F 91987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 91987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 194 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Tyson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bailey 69558

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race black

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1913

8. AGE: Years 28 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Oscar
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Tate
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location a a Co Md

18 (a) Funeral director Josiah L Brown & Son
(b) Address 109 W Montgomery St

19 (a) MAY 8 - 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942, at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1941, to May 6 1942, and that I last saw her alive on May 6 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 mos.
Due to	
Due to recto-vaginal fistula	10 mos.
Other Conditions Lymphogranuloma, venereal	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Patterson M. D.
Address Balto. City Hosp Date signed 5-7-42

Howard Washington Williams M.D.

F 91988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 91988

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Bal t imore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 E. Biddle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

8-7

3 (a) FULL NAME WATCHSEA WHITAKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Nancy Whitaker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	16	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Efrica Whitaker
13. Birthplace North Carolina

MOTHER
14. Maiden Name Martha Williams
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 - 9 - 42 (month) (day) (year)
(c) Cemetery or crematory Enfield N.C.
Location

18 (a) Funeral director Daniel L. Brown
(b) Address 08 W Montgomery

19 MAY 8 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1942, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1942, to May 7, 1942, and that I last saw him alive on May 7, 1942.

Immediate cause of death	Duration
Uremia	3 weeks
Due to Chronic glomerular nephritis	Unk.
Due to	
Other Conditions Lobar pneumonia and hypertrophy of heart (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Anderson. M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/7/42

F 91989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 91989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Overlea (If outside city or town limits write RURAL and give town)
(d) Street No. 6712 Beech Ave. (Beech) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Meise Sr. (MEISE)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-18-0181

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia J. Meise (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	10	3		

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation Motorman (Retired)
11. Industry or business Balto. Transit Co.

FATHER
12. Name Andrew Meise
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Bifpel
15. Birthplace Balto. Co. Maryland.

16 (a) Informant Elmer A. Meise
(b) Address 4209 Rokeby ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Maryland

18 (a) Funeral director Leasch Funeral Home
(b) Address 7401 Belair Road

19 (a) (Signature and d'r registrar) (b) Huntington Williams, M.D.

MAY 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1942 at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1942 to 5/7 1942 and that I last saw h alive on 5/7 1942.

Immediate cause of death	Duration
Diabetic Carduria	
Due to Diabetes mellitus	41 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Tompkins
Address Caroline & Oliver Sts Date signed 5/9/42

F 91990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 91990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Garrison Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgiana Doose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1940

8. AGE: Years 1 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name John Doose

13. Birthplace Va.

MOTHER 14. Maiden Name Roberta A. Smithey

15. Birthplace Va.

16 (a) Informant Roberta N. Evans.

(b) Address 353 Robert St.

17 (a) Burial (b) Date thereof 5-9-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Frances A. Handley

(b) Address 578 W. Baltimore St.

19 (a) MAY 8 1942 (b) Huntington, Md.
(Registrar) (Date received)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1942 to May 6 1942 and that I last saw h[illegible] alive on May 6 1942.

Immediate cause of death

Influenza
Meningitis

Duration 5 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Redline M.D.

Address Provident Hosp. Date signed 5/7/42

F 91991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91991

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Church St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Agnes Urban

If U. S. Veteran specify WAR

(a) Residence: No. 2914 Church St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ignatius J. Urban

6. DATE OF BIRTH (month, day, year): Nov. 25, 1878

7. AGE: Years 63 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House

10. Date deceased last worked at this occupation (month, year): Feb. 1938

11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (city or town) (State or country): Lithuania Europe

FATHER

13. NAME: John Kat-Rauskas

14. BIRTHPLACE (city or town) (State or country): Lithuania Europe

MOTHER

15. MAIDEN NAME: Agnes ?

16. BIRTHPLACE (city or town) (State or country): Lithuania Europe

17. INFORMANT: Mrs. Anita U. Bowman

(Address): 2914 Church St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: May 8 1942

19. UNDERTAKER: Harry R. Hecht & Edmondson Ave.

(Address): 1161

20. FILED: Huntington Williams M.D.

Registrar.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-6, 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938 to May 6 1942

I last saw h[illegible] alive on May 5 1942 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	Feb. 1938
Heart Failure	June 1941
Other contributory causes of importance: Nephritis	Sept. 1941

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel A. Hanaka[illegible] M. D.

(Address) 1945 W. Baltimore St.

V. S. 3

A. B.—WRITE PLAINLY, with unfading ink. Fill in all blanks. Use figures for dates. Be sure information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 91992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 91992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH MARGARET WEBER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife - - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) June 12.1869

8. AGE: Years	Months	Days	If less than one day
72	10	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - - -

FATHER
12. Name Martin Weber - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Koch - deceased
15. Birthplace Pennsylvania

16 (a) Informant Mr. William Edward Weber (Brother)
(b) Address 2703 Kildare Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May.8.1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore Co.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAY 8 1942 (Date received by Registrar) (Signature of Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May.8.1942 19 2.00P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1941. to May 6 1942. and that I last saw her alive on May 6 1942.

Immediate cause of death Carcinoma of Breast — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison St. Date signed 5/7/42

VS 8

F 91993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 91993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1800 N. Charles St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1800 N. Charles St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME DR. CHARLES S WOODRUFF

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Cora E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Medical Doctor

11. Industry or business Own

FATHER 12. Name Samuel S. Woodruff

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Fitzpatrick

15. Birthplace Md.

16 (a) Informant Mrs. Cora E. Woodruff

(b) Address 1800 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director Williams Cook

(b) Address 1217 St. Paul St.

19 MAY 8 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to May 7 1942 and that I last saw him alive on May 6 1942

Immediate cause of death	Duration
Uremic Coma	2 days
Due to Chronic Parenchymatous Nephritis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury

23. Signature Dr. Geo. A. Strauss

Address 1800 N Charles St Date signed 5/7/42 M.D.

VE 1

F 91994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 St. Paul st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 St. Paul st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Martha Gorsuch

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John F. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14th 1857

8. AGE: Years	Months	Days	If less than one day
85	3	24	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name William N. Beall
13. Birthplace Cumberland, Md.

MOTHER
14. Maiden Name Mary Deors
15. Birthplace Cumberland Md.

16 (a) Informant Hazel Oglebay
(b) Address 918 St. Paul st

17 (a) Removal (~~Burial, cremation~~, or removal) (b) Date thereof 5/8/42 (month) (day) (year)
(c) Cemetery or crematory Cumberland Md
Location

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAY 8 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1942 to May 8 1942, and that I last saw h~~er~~ alive on May 7 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Chronic Myocarditis	
Due to Hypostatic Pneumonia	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams
Address 1123 St Paul St. Date signed 5/8/42 D

F 91995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 91995
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 E 30th st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Lorber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John J Lorber
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 29 1873

8. AGE: Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace " (CATHERINE)

16 (a) Informant Mrs Catherine Hagerty
(b) Address 1605 E 30th st

17 (a) Burial (b) Date thereof 5-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rock
(b) Address 5305 Harford Road

19 (a) MAY 8 1942 (b)
(Date Rec'd by Registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1941 to May 6 1942, and that I last saw h[illegible] alive on May 6 1942.

Immediate cause of death Pulmonary Oedema — Duration 1 hour
Due to Hypertensive Cardio Vascular Renal Disease — Duration 7
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 5/8/42
M. D.

F 91996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 105

F 91996
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Harford Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Edward Payne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1939

8. AGE: Years	Months	Days	If less than one day
3	0	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Richard Rayney
13. Birthplace South Carolina

MOTHER
14. Maiden Name Etta Murray
15. Birthplace Baltimore, Maryland

16 (a) Informant Etta Murray
(b) Address 1403 Harford Ave., Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.
Location A. A. County, Maryland

18 (a) Funeral director Joseph B. Lowe
(b) Address 2044 N. Central Ave

19 (a) MAY 8 – 1942 (Date rec'd by Registrar) (b) Huntington Williams Mort

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1942, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Acute laryngitis associated with marked edema of glottis.

Duration

Due to

Due to

Other Conditions Distention of intestines
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy: May 7th 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 8 1942

F 91997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-A

F 91997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Glenmore Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Glenmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

21-6

3 (a) FULL NAME Frederick B.Startt,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Victoria M.Startt,
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 15,1867

8. AGE: Years	Months	Days	If less than one day
75	3	22	hr. min.

9. Birthplace Centreville Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Startt,
13. Birthplace Centreville Md.

MOTHER
14. Maiden Name Susan A.Sherwood,
15. Birthplace Centreville Md.

16 (a) Informant Mrs Victoria M.Startt,
(b) Address 2918 Glenmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9.1942 (month) (day) (year)
(c) Cemetery or crematory Chesterfield Cem.
Location Centreville Md.

18 (a) Funeral director Robert S.Little,
(b) Address 2700 Edmondson Ave.

19 (a) MAY 8 – 1942 Huntington Williams, M.D. Registrar
(Date received by reg.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7.1942 19 , at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 7 1942
and that I last saw h alive on May 7 1942

Immediate cause of death	Duration
Cerebral accident	2 days
Due to Arteriosclerosis & Cerebral apoplexy 15 yrs ago	15 yrs
Due to Leg amputation Jan 1942	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature M Bowman Stout, M. D.
Address 2700 Garrison Blvd Date signed 5-8-42

F 91998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 91998 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightinggale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2930 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Vaughn,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23. 1873

8. AGE: Years	Months	Days	If less than one day
69	3	14	hr. min.

9. Birthplace Long Island N.Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Vaughn,
13. Birthplace Ireland.

MOTHER 14. Maiden Name Flora M. Keugel,
15. Birthplace Unknown

16 (a) Informant Mrs Flora A. Alt,
(b) Address 2930 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11. 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MAY 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7. 1942 19 .. at 9:27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1942 to 5/7 1942.
and that I last saw her alive on 5/6 1942.

Immediate cause of death: Senile Dementia — Duration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Cutterman M.D.
Address 2324 Reisterstown Rd Date signed 5/8/42

F 91999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 91999
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 62 S. Carrollton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 62 S. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph M. Ruppel

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-09-9421

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Forsythe

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): May 19, 1888

8. AGE: Years: 53 | Months: 11 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Baker

11. Industry or business: Amrhein Baking Co.

FATHER
12. Name: John Ruppel
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Mary A. Forsythe
(b) Address: 62 S. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-8-42 (month) (day) (year)
(c) Cemetery or crematory: St Elizabeth
Location: Baltimore, Md.

18 (a) Funeral director: Frederick A. Pole
(b) Address: 1260 W. Lombard St.

19 (a) MAY 8 1942 (b) Huntington Wilson, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th, 1942, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1942, to May 5 1942, and that I last saw him alive on May 5 1942.

	Duration
Immediate cause of death: Coronary Sclerosis	6 days
Due to: Angina Pectoris	6 days
Due to:	
Other Conditions: Arteriosclerotic Cardio vascular Disease (Include pregnancy within 3 months of death)	?

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature C P Rosting, M.D.
Address 326 W Lombard St Date signed 5/7/42

F 72608 F 92000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (46)

F 92000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 19 19
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 West Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Fauntleroy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) ~~Single, married, widowed or divorced~~ Separated

6 (b) Name of husband or wife Mary Fauntleroy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1881

8. AGE: Years 61 | Months 0 | Days 20 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Armstead Fauntleroy
13. Birthplace Virginia

MOTHER
14. Maiden Name Charlotte Armstrong
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

MAY 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1942 at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 5-6 1942, and that I last saw him alive on 5-6 1942

Immediate cause of death — Duration

Carcinoma of Rectum — 1½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Hebb M. D.
Address Balto City Hosp Date signed 5-6-42

F 92001 1942 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 92001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 N. Patterson Pk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Kadan

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 220-07-8308

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Kadan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1875

8. AGE: Years	Months	Days	If less than one day
66	7	3	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Regal Laundry

FATHER
12. Name Frank J. Kadan
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Hranicka
15. Birthplace Czechoslovakia

16 (a) Informant wife
(b) Address 729 N. Patterson Pk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Rd & Horners Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 MAY 8 - 1942 (Filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to May 7 1942, and that I last saw h[illegible] alive on May 6 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to: Hypertensive Cardio Vas Renal Disease — ?
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 5/8/42 M. D.

VS 8

F 92002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 92002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Asquith St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Gould

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Samuel Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12 1859

8. AGE: Years	Months	Days	If less than one day
82	8	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Powell
13. Birthplace Md.

MOTHER
14. Maiden Name Lucy Jenkins
15. Birthplace Md.

16 (a) Informant Alice Cottrell
(b) Address 832 Fresh Ave - Brooklyn N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park National Cemetery
Location Frederick Road

18 (a) Funeral director Mrs P.G. Elliott & Daughter
(b) Address 1129 N. Carolina St.

19 MAY 8 1942 (Date received by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 5 1942 and that I last saw her alive on May 5 1942

Immediate cause of death
Cerebral Hemorrhage
Due to Arteriosclerosis

Duration
May 1942

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. F. Allen M.D.
Address 121 Asquith St Date signed 5-8-42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and

AB-7561 F 92003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 92003 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 West Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Kaufman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1870

8. AGE: Years	Months	Days	If less than one day
72	3	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kaufman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schisler
15. Birthplace Germany

16 (a) Informant B C H RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-8-42 (month) (day) (year)
(c) Cemetery or crematory St Dabels
Location Baltimore Md

18 (a) Funeral director Robert Burgoy
(b) Address 440 E north Ave

19 (a) MAY 8 1942 (b) Huntington Williams M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 19 42; at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 19 42 to 5-6 19 42 and that I last saw him alive on 5-6 19 42

Immediate cause of death	Duration
Cardiac failure	7
Due to Arteriosclerotic Degeneration	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Calhoun M. D.
Address Balto. City Hosp Date signed 5-7-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 92004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5th Ward

F 92004

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital, Baltimore, Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna. (b) County Adams

(c) City or town Littlestown. (If outside city or town limits, write RURAL and give town)

(d) Street No. 170 Lombard St. (If rural give location)

Citizen of foreign country? No. (Yes or No)

If yes, name country

3 (a) FULL NAME Rosie Shriner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Bernie Shriner

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April-12-1884

8. AGE: Years	Months	Days	If less than one day
58	0	26	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business Own Home

FATHER — 12. Name Noah Cutsail

FATHER — 13. Birthplace Frederick Co. Md.

MOTHER — 14. Maiden Name Mary Shriner

MOTHER — 15. Birthplace Frederick Co. Md.

16 (a) Informant Bernie Shriner

(b) Address Littlestown, PA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-11-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem. Littlestown PA

Location Mt Carmel Cem. Littlestown

18 (a) Funeral director J. M. Linebaugh & Son

(b) Address Littlestown, PA. R.F.D.

19 (a) [illegible] Littlestown, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1942 to 5-8 1942 and that I last saw her alive on 5-8 1942.

Immediate cause of death Right frontal lobe tumor (glioma?). — Duration 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-18-42

Major findings of operation Right frontal lobe tumor (probably glioma?)

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lawrence S. Cannon M. D.

Address University Hospital Date signed 5-9-42

VS 3

F 92005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 92005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2606 Bruce Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Bruce Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lilley Woodson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	No	Female	Negro	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1894

8. AGE: Years	Months	Days	If less than one day
48	7	27	hr. min.

9. Birthplace Kenbridge, Va
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Archer Hatchett
13. Birthplace Va

MOTHER
14. Maiden Name Frances —
15. Birthplace Va

16 (a) Informant Louis Woodson
(b) Address 773 N. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-42 (month) (day) (year)
(c) Cemetery or crematory
Location Kenbridge, Virginia

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 8-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1942 at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Verdict (Autopsy or Inquiry) and from the evidence obtained by said Inquest Verdict (Autopsy or Inquiry) that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulders M.D.
Medical Examiner
Date signed 5-8-42

V8 4

F 92006

F 92006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. Montford Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY RUDOLPH

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-07-5937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 30, 1894

8. AGE: Years	Months	Days	If less than one day
47	4	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Bag and Paper Company

FATHER
12. Name Charles Rudolph
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Catherine Seifert
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/42 (month) (day) (year)
(c) Cemetery or crematory Balt. National Cem.
Location Frederick Rd.

18 (a) Funeral director John A. Miller
(b) Address 1234 Jefferson St.

MAY 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1942, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4, 1942, to May 5, 1942, and that I last saw h im alive on May 5, 1942.

Immediate cause of death	Duration
Coronary occlusion	6 hours
Due to	
Due to	
Other Conditions Infection, lt. thigh; Gangrene, massive, lt. groin & thigh	own

a secondary to operation (Interval between onset and death)

Date of operation 3/23/42

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. H. Anderson, M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 5/6/42

F 92007
SS 73480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1902

F 92007
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Walbrook Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

16-4

3 (a) FULL NAME John R. Reads

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1861

8. AGE: Years	Months	Days	If less than one day
81	3	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation City Employee
11. Industry or business

FATHER
12. Name John R. Reads
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave
18 (a) Funeral director John Oursler Funeral Home
(b) Address 1900 Eutaw Place
19 (a) MAY 8 1942 Huntington Williams, M.D. Registrar
(Date of registration)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1942 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1942 to 5-7 1942 and that I last saw him alive on 5-7 1942

Immediate cause of death	Duration
Pneumonia	?
Due to ? Pneumonia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard N. Rathbun M. D.
Address Balt. City Hosp. Date signed 5-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 92008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 92008

137-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fletcher Tyler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Mary Tyler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	7	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Tyler
13. Birthplace Md

MOTHER
14. Maiden Name Marie Johnson
15. Birthplace Md

16 (a) Informant Henry Tyler
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)
(c) Cemetery or crematory West Liberty
Location Alpha Md

18 (a) Funeral director J C Higinbotham
(b) Address Ellicott City Md

19 (a) Date received MAY 8 1942 (b) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 11 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1942, to 5-7 1942, and that I last saw him alive on 5-7- 1942.

Immediate cause of death Cardio-renal disease

Due to nephritis & myocarditis

Due to

Other Conditions Prostatism

(Include pregnancy within 3 months of death)

Date of operation 3-30-42 & 4-15-42

Major findings of operation: hypertrophy of the prostate

of autopsy: none

Duration
Interval between
Time between

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 Caroline St Date signed 5-8-42

F 92009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 92009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6207 Everall Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6207 Everall Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie M. Thomas.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: John F Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 23, 1896
8. AGE: Years 46 | Months | Days 14 | If less than one day: hr. min.
9. Birthplace: Caroline County (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: John Ludwig
13. Birthplace: Caroline County.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mr. John F Thomas
(b) Address: 6207 Everall Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Taylor ave
18 (a) Funeral director: Howard N. Blight Jr.
(b) Address: 4914 Belair Road
19 (a) Received by registrar MAY 8 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 12 15/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to May 7 1942 and that I last saw h[illegible] alive on May 6 1942.

Immediate cause of death: Extensive Pulmonary Tuberculosis — Duration: 3 years
Due to:
Due to:
Other Conditions: Diabetes Mellitus — Duration: 7 yrs.

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James G. White.
Address 5214 Rexford Rd. Date signed May 8, 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 92010 ~~91030-A~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 92010 / 198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Salem (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur Pritchett

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marion Stanley Pritchett
6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): August 7, 1902

8. AGE: Years: 39 | Months: 9 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Lakewood, Md. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: Edward Lake (dead)
13. Birthplace: Cambridge, Md.

MOTHER
14. Maiden Name: Tissie Jones (dead)
15. Birthplace: Salem, Md

16 (a) Informant:
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9 (44) (month) (day) (year)
(c) Cemetery or crematory: Cemetery
Location: Salem Md

18 (a) Funeral director: Lewis H Baynum
(b) Address: Cambridge Md

19 MAY 8 - 1942 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1942, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1942, to May 8 1942, and that I last saw him alive on May 8 1942.

Immediate cause of death: Fracture Dislocation of 5th cervical vertebra — Duration
Due to: Execution by hanging
Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. Pearson Jr.
Address 1123 - St. Paul St. Date signed 5-8-42 M. D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as entered. Physicians: please write the causes of death clearly and give correct age is especially important.

F 92011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1630 Registered No. F 92011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Lancaster
(c) City or town Millenbeck
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert Doggett.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1902

8. AGE: Years 39 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Millenbeck Lancaster Co. Va
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Robert W. Doggett
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Harris
15. Birthplace Va

16 (a) Informant Carroll W. Doggett
(b) Address 411 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1942 (month) (day) (year)
(c) Cemetery or crematory Millenbeck Va
Location Lancaster Co.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave

19 (a) MAY 8 1942 (b) Huntington Millenbeck, Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to May 8 1942 and that I last saw h Sm alive on May 8 1942.

Immediate cause of death: Arsenic Poisoning — Duration: 11 days

Due to: Ingestion of Arsenic with Suicidal Intent.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence April 25 ? M
(c) Where did injury occur? Millenbeck, Va.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No.
(Specify type of place)
(e) Means of injury Sold Ingestion of Arsenic

23. Signature William H. Fueting
Address Bon Secours Hosp. Date signed 5-8-42

Howard J. Malone, Jr. M.D. per S. Terracina

F 92012

F 92012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 E. 21st. Street
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 E 21st. Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME B. Mary Kelleher

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27 1856

8. AGE: Years 86 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Kelleher
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Geegan
15. Birthplace Ireland

16 (a) Informant Miss Margaret Kelleher
(b) Address 521 E. 21st. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Harford Rd. at Broadway

18 (a) Funeral director Edgar W. Conklin Son
(b) Address 924 E. Eager St.

19 (a) MAY 8 — 1942 (Date rec'd by registrar) (b) Huntington Ave. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1942, at 1155 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942, to May 7 1942, and that I last saw h.er alive on May 2 1942.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. A. Flynn M.D.

Address 521 E. 21st St. Date signed May 8 1942

F 92013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 92013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not omit any information you may have, but correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Wierczynski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-9439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married —

6 (b) Name of husband or wife Leontonina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1893

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business Bethlehem Steel Co. Dry Dock

FATHER 12. Name John Wierczynski

13. Birthplace Poland

MOTHER 14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant Leontonina Wierczynski

(b) Address 502 S. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozarowski

(b) Address 1920 Eastern Ave

19 MAY 8 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-1942, at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cerebral Hemorrhage, Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D. Medical Examiner.

Date signed 5-8-42

F 92014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E

F 92014

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 Aliceanna St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Malec

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 10 — 1934
8. AGE: Years 7 | Months 9 | Days 26 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: School Girl
11. Industry or business

FATHER
12. Name: Thomas Malec
13. Birthplace: Poland

MOTHER
14. Maiden Name: Josephine Muszynski
15. Birthplace: 1539 Aliceanna St

16 (a) Informant: Josephine Malec
(b) Address: 1539 Aliceanna St

17 (a) Burial (b) Date thereof: 5/11/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W Szczepanski
(b) Address: 1930 Eastern Ave

19 (a) MAY 8 — 1942 (Date received by registrar) (b) Signature of registrar: Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24 1942, to May 6 1942, and that I last saw he alive on May 6 1942.

Immediate cause of death: Internal hydrocephalus, cause unknown — Duration: 3 wks (?)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ernest Zeiler
Address: Sinai Hospital Date signed: 5.7.42

F 92015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 92015 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Smietana 73656

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Ottis Smietana
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W. Zapanski
(b) Address 1930 Eastern Ave

19 (a) MAY 8 - 1942 Huntington Williams M.D.
(Date received by registrar) (Address)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 42 at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 30 1942 to May 5 1942, and that I last saw him alive on May 5 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M.D.
Address Balto. City Hosp. Date signed 5-6-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92016

CERTIFICATE OF DEATH 61

F 92016

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Ethan St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Nolan

If U. S. Veteran specify WAR

(a) Residence: No. 1712 Ethan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, WIFE of (or) HUSBAND of: Maggie

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Emma Nolan

(Address) 1042 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/9 19 42

19. UNDERTAKER: Geo. U. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED MAY 8 - 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 3 1942 to May 5 1942

I last saw him alive on May 5 1942. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	

Other contributory causes of importance: Diabetes. Massive cellulitis of foot

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo H Pond Peters M. D.

(Address) 1617 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. ALL ITEMS must be answered or the word "unknown" inserted where information should be carefully supplied. AGE must be given in YEARS LAST BIRTHDAY. In stating CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NAME OF OCCUPATION is very important. See instructions on back of certificate.

92017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. E 92017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 South Washington.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 months
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 502 S. Washington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ignatz J. Gebulski

3 (b) If veteran, name war

3 (c) Social Security Account No. 170-09-6974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophie S. Gebulski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15 1898

8. AGE: Years	Months	Days	If less than one day
44	2	22	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Matthew Gebulski
13. Birthplace Poland.

MOTHER
14. Maiden Name Antonina Slachetka
15. Birthplace Poland.

16 (a) Informant Sophie Gebulski
(b) Address 175 Silery Road Dupont Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-42 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location Dupont Pa.

18 (a) Funeral director Harry N. Armaroli
(b) Address 4204 Riddlewood Ave.

19 (Date rec'd by local registrar) MAY 8 [redacted] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 19 42, at 9:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Fractured leg bone, Laceration - bruised brain

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 5-8-42 at 8:20 A M

(c) Where did injury occur? (City or town) General Ship-repairing Co. (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes

(e) Means of injury Struck by moving crane

23. Signature Howard J. Wallace M.D.
Medical Examiner

Date signed 5-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where information is unknown or not applicable, write "unknown" or "N.A." Please give full name of husband, wife, father, mother, informant, undertaker, etc. Please give correct age in each case, especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

92018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 92018 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as data are available. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. Durham ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Logan (Birth F 29761)

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-41

8. AGE: Years	Months	Days	If less than one day
	10	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Hopkins
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie Logan
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Elmer Wilson
18 (a) Funeral director
(b) Address 1000 Edgewood
19 MAY 8 – 1942 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 5 1942 and that I last saw h[illegible]ive on May 5 1942

Immediate cause of death
Tuberculous meningitis — Duration 2 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ray Pollack
Address 5 Edmondson Ave Date signed 5-5-42

VS 2

92019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 92019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 N. Patterson Park Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. CONNORS

3 (b) If veteran, name war

3 (c) Social Security Account No. will Cold (?)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John James Connors
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 13, 1911

8. AGE: Years	Months	Days	If less than one day
30	5	25	hr. min.

9. Birthplace Heckschersville, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sweeney
13. Birthplace Phila., Pa.

MOTHER
14. Maiden Name Mary Foyle
15. Birthplace Heckschersville, Pa.

16 (a) Informant John James Connors
(b) Address 927 N. Patterson Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Patricks Cemetery.
Location Pottsville Pa.

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St Balto. Md

19 (a) May 8 — 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 — 1942 at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to ~~his~~ her death on the day stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to
Due to Arteriosclerosis Cardio-Vascular Disease 2 yrs

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm F Hitzrot M.D.
Medical Examiner.
Date signed 5/8/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

92020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 92020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 S. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Central Ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country

3 (a) FULL NAME Mary Orth.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White	Widow

6 (b) Name of husband JOSEPH. Orth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19: 1874

8. AGE: Years	Months	Days	If less than one day
67.	10.	23.	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Elisth Friener
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Friener
15. Birthplace Germany

16 (a) Informant Otto Orth
(b) Address 307 S. Central ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell Lloyd
(b) Address 312 S. Highland Ave

19 MAY 9 - 1942 Huntington Williams M.D.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942. 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to May 6 1942, and that I last saw him alive on May 6 1942

Immediate cause of death — Duration

Chronic Myocarditis — 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Address 312 No Broadway Date signed May 8 - 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 92021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 92021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wickham
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen S Chepers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 24

8. AGE: Years	Months	Days	If less than one day
18	3	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Salesgirl
11. Industry or business 5 & 10 Store

FATHER
12. Name Harry
13. Birthplace Maryland

MOTHER
14. Maiden Name Verna Dorkins
15. Birthplace Md.

16 (a) Informant Mrs. James Walker
(b) Address 1420 E. Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-42 (mo.) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director Maurice J. Hoppe
Address 1412 Light St.

MAY 19 1942

19 (a) 5-1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 11:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4-42 19 to 5-8-42 19, and that I last saw her alive on 5/8/42 19

Immediate cause of death Tuberculous Meningitis — Duration

Due to

Due to

Other Conditions Bilateral Pulmonary Tbc
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Pownall M. D.
Address St Agnes Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

42592 MABRY

F 92022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92022

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" where necessary. If unknown, state so. Do not leave blanks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7+
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Mabry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Mabry
6 (c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.) 7-4-90
8. AGE: Years 51 | Months 10 | Days 7 | If less than one day: hr. min.
9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Faith Tucker
13. Birthplace N. C.

MOTHER
14. Maiden Name Penny ? Walker
15. Birthplace N. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Cornwell
(b) Address 804 W. Caroline St.

19 (a) MAY 9 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 8 1942 and that I last saw h-- alive on May 8 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days

Due to: Hypertension + generalized atherosclerosis — 10 yrs

Due to:

Other Conditions: Subarachnoid hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [redacted] (None)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas R. Hinman M.D.
Address Date signed 5-9-42

F 92023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 92023

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 East St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1886

8. AGE: Years	Months	Days	If less than one day
55	7	-	hr. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Henderson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Humgerford
15. Birthplace Va.

16 (a) Informant Mary Henderson
(b) Address 214 Chauncey St. Brooklyn N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph L. Locke
(b) Address 1306 N. Central Ave.

19 (a) MAY 9 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 7 1942, and that I last saw him alive on May 7 1942.

Immediate cause of death Shock — Duration 3-4 hrs

Due to Generalized peritonitis — 24 hrs

Due to Perforated Gastric Ulcer — 24 hrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 7 1942

Major findings of operation: Perforated Gastric Ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Chasse M. D.
Address Mercy Hospital Date signed 5-7-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

92024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 92024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 E. Belvedere Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 E. Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT BENTLEY VARDEN

3 (b) If veteran, name war: World war
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary C. Varden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 28, 1887
8. AGE: Years 55 | Months 1 | Days 9 | If less than one day hr. min.
9. Birthplace Mercersburg, Pa. (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Robert B. Varden
13. Birthplace Penna

MOTHER
14. Maiden Name Mary Wienger
15. Birthplace Penna

16 (a) Informant wife
(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Big Run Cem. Cameron W.Va.
Location
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.
19 MAY 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1942, at 2:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 7 1942 and that I last saw h[illegible]ive on May 7 1942

Immediate cause of death — Duration
Cerebral Hemorrhage — 1 day
Due to Arterio-sclerosis — 8 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard L. Dodd
Address 735 N. Fulton Ave. Date signed 5/8/42
Howard L. Dodd M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holabird QM Motor Base
(c) Hospital or institution: Station Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Silver Spring (If outside city or town limits, write RURAL and give town)
(d) Street No. 8918 Colesville Rd. (If rural give location)
(e) Citizen of foreign country? - - - (Yes or No)
If yes, name country - - -

3 (a) FULL NAME James F. Watts

3 (b) If veteran, name war	3 (c) Social Security Account No.
- - -	- - -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age - - years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
36	-	26	- hr. - min.

9. Birthplace Glendale, Md. (Town, county, and state)
10. Usual Occupation Auto Mechanic (Soldier)
11. Industry or business Government

FATHER
12. Name - - -
13. Birthplace - - -

MOTHER
14. Maiden Name Marian M. Watts
15. Birthplace - - -

16 (a) Informant Service Record
(b) Address - - -

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18 (a) Funeral director
(b) Address
19 (a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942, at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942, to May 8 1942, and that I last saw him alive on May 8 1942.

	Duration
Immediate cause of death Chronic myocardial degeneration.	
Due to Acute Congestive heart failure	
Due to Edema & congestion of lungs, Acute congestion of abdominal viscera, Acute hemorrhagic duedenitis	
Other Conditions Congenital cyst of pleural diaphragm, Edema& congestion of brain	

(Include pregnancy within 3 months of death)

Date of operation - - -
Major findings of operation:
of autopsy: As described above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Rose Captain, M.C.
Address Holabird QM Motor Base Date signed 5/8/42 M. D.

VS 3

F 92026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 - C Registered No. F 92026

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Rasbmon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Rasbmon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie M Walter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Louis J Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28-1884

8. AGE: Years	Months	Days	If less than one day
57	4	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Allen
13. Birthplace Balto

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Ethel Cosby
(b) Address 616 Rasbmon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Rock
(b) Address 5305 Harford Ave

19 MAY 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to May 6 1942 and that I last saw h-r alive on May 6 1942.

Immediate cause of death	Duration
Bronchio-Pneumonia	
Due to Chronic Heart disease	
Due to Secondary Anemia	
Other Conditions Stricture at the Oesophagal end of De Stomach	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 5-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

VS 8

92027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 - 92027 Reference No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3836 Park Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3836 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Harr,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Wilhelmina Harr
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 13 1870

8. AGE: Years	Months	Days	If less than one day
72	1	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Paper Hanger

FATHER
12. Name Leonard Harr,
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Behrling,
15. Birthplace Germany

16 (a) Informant Mrs Wilhelmina Harr.
(b) Address 3836 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11.1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 MAY 9 – 1942 (Date rec'd by [redacted]) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1941 to May 7 1942 and that I last saw him alive on May 6 1942.

Immediate cause of death Cardio-vascular-renal disease.

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature O. H. Ewald Jr. M.D.
Address 5926 Liberty Road Date signed 5/8/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

92028 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 92028 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1161 E Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MICHAEL SHIELDS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-0152

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Maintenance Man

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Wm A. Smith
(b) Address 9 E Mt Royal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1942 (month) (day) (year)
(c) Cemetery or crematory H. Matthaei
Location Balto, Md

18 (a) Funeral director Wm Cooke
(b) Address 217 St Paul

19 (a) MAY 9 – 1942 (Signature of local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1942, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 5-2-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 6

F 92029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 92029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Hull Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Hubbard Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy M. Peterson (nee Pryal)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-3483

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Herbert A. Peterson, Jr.
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1921

8. AGE: Years	Months	Days	If less than one day
20	8	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
Airplane Body
10. Usual Occupation Assembly worker
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Harry Pryal
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Presser
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Myra Peterson (Mother-in-law)
(b) Address 1242 E. Fort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co., Md.

18 (a) Funeral director J. Howard Evans
(b) Address

19 (a) MAY 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 3.35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic Myocardial Degeneration — Duration from

Due to Congenital Left Ventricular Aneurysm

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed May 8 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 6

92030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-5-H Registered No. 92030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent black ink or typewritten. Do not use pencil. Do not fail to answer every question. If none, write none. If unknown or approximate, write so. Do not leave any blanks except by direction. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Please see that your certificate is complete and correct and that it is signed before you lose sight of it. Certificates should be filed with the Registrar within 24 hours after death. Burial permit will not be issued until certificate is filed. Please report any case of death from unknown cause immediately to the Health Department.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 Arch St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Arch St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Gaston (Birth F 48866)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fem
5. Color or race: Col'd
6 (a) Single, married, widowed, or divorced: Sgle

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1942

8. AGE: Years | Months | Days | If less than one day: 20 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Gaston
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucy Higgs
15. Birthplace N. C.

16 (a) Informant James Gaston
(b) Address 637 Arch St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 (month) F (day) 42 (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto.

18 (a) Funeral director Watts & Griggs
(b) Address 139 W. Hamburg St.

19 (a) MAY 9 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 8 1942, and that I last saw h[illegible] alive on May 7 1942.

Immediate cause of death
Visceral Hemorrhage of
Due to Hem[illegible] Loss

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Wall M. D.
Address 761 Hanover St. Date signed 5/8/42

VS 8

92031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates and ages. Do not abbreviate. Give full name of city or town. Do not use ditto marks. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 S. Regester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S. Regester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michalina Bandzwolek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Casimir Bandzwolek
(b) Address 205 S Regester St

17 (a) Burial (Burial, cremation, or removal) (b) Date [illegible] 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Carmichael
(b) Address 930 Eastern Ave

19 (Date rec'd by registrar) MAY 9 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 — 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to May 7 1942 and that I last saw h.e.s. alive on May 7 1942

Immediate cause of death Acute cardiac dilatation — Duration 1 da.
Due to Chronic Myocarditis — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Szymborski
Address 1802 Foster Ave Date signed 5-7-42 M.D.

VS 2

92032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Weiner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
M	W	Widower

6 (b) Name of husband or wife Annie Weiner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 20 - 1870

8. AGE: Years	Months	Days	If less than one day
71 yr.	9	17	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired Harness Maker
11. Industry or business

FATHER
12. Name John Weiner
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Bowinkle
15. Birthplace Md

16 (a) Informant Mrs Amelia Weiner
(b) Address 2433 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo L Boyer Jr
(b) Address 512 Holliday St
MAY 9 [illegible] (Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 1942 to May 7 1942 and that I last saw him alive on May 7 1942

Immediate cause of death	Duration
Cardiac Failure	
I	
Due to Arteriosclerotic	
C.V.D.	
Due to	
Other Conditions	
B.P. & Prostate	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Thomas M. D.
Address Date signed

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians; please write the causes of death clearly and correct age is especially important.

92073 5 30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-6

F 92033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 Light (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J.E. Willett (Birth F 48577)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-29-42

8. AGE: Years	Months	Days	If less than one day
		10 9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name John Willett
13. Birthplace VA

MOTHER
14. Maiden Name Lillian Lowe
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director Maguire & Gilpin
(b) Address 1422 Light St.

MAY 9 - 19[illegible] (Date rec'd by registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to May 8 1942 and that I last saw h[illegible]R alive on May 8 1942

Immediate cause of death Esophageal atresia with tracheo-esophageal fistula — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-5-42

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Annie Fulcher M. D.
Address Johns Hopkins Date signed 5-9-42

VS 3

92034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 92034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Elliott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Elliott St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Cress

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry Cress
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1870

8. AGE: Years	Months	Days	If less than one day
71 72	8	9	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Alexander Millar
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Irons
15. Birthplace Ireland

16 (a) Informant Mary E. Hand
(b) Address 3011 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

MAY 9 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to May 8 1942, and that I last saw her alive on May 7 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week
Due to: Arteriosclerosis — Duration: 7
Due to:
Other Conditions: Diabetic — Duration: years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Hoffmann M. D.
Address 714 Park Ave Date signed May 9 42

92035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 92035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write the causes of death clearly and legibly. Physicians: please write the causes of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 W. Burke St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ann Sharpe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
[redacted]	11		hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation [redacted]

11. Industry or business

FATHER
12. Name Theodore L. Sharpe
13. Birthplace Penna

MOTHER
14. Maiden Name Joel M. Sharpe
15. Birthplace Penna

16 (a) Informant Theodore L. Sharpe
(b) Address Martinsburg W. Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Martinsburg W. Va

18 (a) Funeral director F. S. Higinbotham
(b) Address Ellicott City Md.

19 MAY 9 1942 Huntington W. Va.
(Method of disposal) (Date received by registrar) (Place)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31/42 19 to 5/8/42 19 , and that I last saw h[redacted] alive on 5/8/42 19

Immediate cause of death	Duration
(a) Lobar Pneumonia	
(b) Pneumococcus Bacteremia	
Due to	
Due to	
Other Conditions Rickets - Scurvy Atelectasis both scapulae & both femora	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted]
Address [redacted] Date signed 5/8/42

F 92036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 92036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegheny
(c) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Lemons

3 (b) If veteran, name war

3 (c) Social Security Account No. 236-03-5458

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation Steel worker

11. Industry or business

FATHER
12. Name Harry Lemons
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Rosie Clark
15. Birthplace W. Virginia

16 (a) Informant Frank Lemons
(b) Address Lonaconing Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)
(c) Cemetery or crematory Alderson W Va
Location Alderson W Va

18 (a) Funeral director Geo A Farley
(b) Address Fullton & Fayette

19 (Signature of registrar) MAY 10 1942 Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-42 19 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1942 to 5-9 1942 and that I last saw her alive on 5-9 1942

Immediate cause of death	Duration
Syphilitic Heart disease	5 mo yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R W Williams M. D.
Address Union Hosp Balto Date signed 5-9-42

VS 3

F 92037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92037 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks correctly. Underlining is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution: Mrs Snyders Convalescing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida M. Keating Vergelia

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Patrick J. Keating Vergelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6th 1873

8. AGE: Years 68 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace New York State (Town, county and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Frederick Grote
13. Birthplace New York State

MOTHER
14. Maiden Name Malgaret Silagor
15. Birthplace New York State

16 (a) Informant Mr. Jankyn P. Keating
(b) Address 2631 Ceralvo

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location End of E. North Ave

18 (a) Funeral director Edmund W. Conkling
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Huntington Mills, Md. Registrar

MAY 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1942 at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1942 to May 7 1942 and that I last saw he alive on May 7 1942

Immediate cause of death Arteriosclerotic Cardio Vascular Disease — **Duration** Jan 1942

Due to Hypertension.

Due to

Other Conditions Cerebral Hemorrhage May 6, 1942

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas W. Edwards M.D.

Address 2746 Alameda Date signed 5/8/42

F 92038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

F 92038 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Do not use abbreviations. Give full name of deceased. Do not use initials. Be sure to answer all questions. Be sure to correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN F. WATERS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife Anna Waters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Richland N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Waters

13. Birthplace N.C.

MOTHER 14. Maiden Name Della Thompson

15. Birthplace N.C.

16 (a) Informant Nathan Waters

(b) Address 403 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Samuel M. Sullivan Jr.

(b) Address 117 N. Carrollton Ave

19 (Signature and title of local registrar) Huntington Williams M.D. Registrar

MAY 10 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 11 20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of chest — Duration

Due to

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

Date of operation NO

Major findings of operation:

of autopsy: NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1

(a) Accident, suicide, or homicide accident

(b) Date of occurrence May 8, 1942 at 11 a M

(c) Where did injury occur? Balto. Md (City or town) Md (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes

(e) Means of injury Caught in elevator shaft

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 5-9-42

treatment & pr

F 92039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 92039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Mankin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Herbert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? / years

3 (a) FULL NAME Mr. John Irwin DeWald

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 215-18-5581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Henrietta Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Tobacco Business

FATHER
12. Name John A. DeWald
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Livingstone
15. Birthplace Baltimore

16 (a) Informant Mrs. Henrietta Elizabeth DeWald
(b) Address 3006 Herbert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 8 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1942 to May 8 1942 and that I last saw him alive on May 8 1942

Immediate cause of death: Hypertensive Heart Disease — Duration 7

Due to

Due to

Other Conditions: Bronchopneumonia (Include pregnancy within 3 months of death) — Duration 1 wk

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Mankin Square Hospital Date signed 5/9/42

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure to answer all questions. Be sure to correct age is especially important. Physicians: please write the cause of death clearly.

F 92040 BALTIMORE CITY HEALTH DEPARTMENT F 92040

CERTIFICATE OF DEATH 83-a

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1364 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Weldon Grant

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Divorced

6 (b) Name of husband or wife Hazel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1899

8. AGE: Years	Months	Days	If less than one day
42	10	23	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Cab

FATHER
12. Name John Grant
13. Birthplace N.C.

MOTHER
14. Maiden Name Hattie Farron
15. Birthplace N.C.

16 (a) Informant John Grant
(b) Address 1364 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn.
Location

18 (a) Funeral director George H. Kelson
(b) Address 1302 Pennsylvania Ave

19 (a) Filed (Registrar) (b) Huntington Williams, M.D. Registrar
MAY 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 7 1942 and that I last saw h[im] alive on May 7 1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 Day

Due to Malignant Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rechling M.D.
Address Provident Hosp. Date signed 5/7/42

F 92041 BALTIMORE CITY HEALTH DEPARTMENT F 92041

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Winston ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Blank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71	7	8	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hattie Foxwell
(b) Address 1721 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Geo. G. Nelson.
(b) Address 1203 Pressman St

MAY 10 1942 (b) Registrar
Date Received (Yr.) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 9.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 30 1942 to May 8 1942 and that I last saw h[illegible] alive on May 8 1942

Immediate cause of death: Congestive Heart Failure — Duration: 1 month

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 5/9/42

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physicians: please write the causes of death [illegible]

F 92042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

Registered No. F 92042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. College Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy Taylor (Birth F. 49029)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5/8/42

8. AGE: Years	Months	Days	If less than one day
		2 1	hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Durward Taylor
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Edora Agnes
15. Birthplace Pikesville, Md.

16 (a) Informant Edora Taylor
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Family Cem.
Location Ellicott City Howard Co.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Huntington Williams, M.D.

19 (a) MAY 10 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at 2 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 9 1942 and that I last saw him alive on May 9 1942

Immediate cause of death. Fetal atelectasis — **Duration** 2 days

Due to .....

Due to .....

Other Conditions Cerebral hemorrhage ??
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature John T. Cole M.D.
Address University Hosp Date signed 5/9/42

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

VS 3

F 92043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57E

F 92043

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2636 Loyola Southway (If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Schuster (Birth 48941)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	11/10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Irving Schuster

13. Birthplace Russia

MOTHER 14. Maiden Name Rose Gertz

15. Birthplace Russia

16 (a) Informant Hosp. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem Pk

Location Jones

18 (a) Funeral director Jas Lewis Inc

(b) Address 1437 E. Balto St.

19 (a) (Signature of local registrar) (b) Residence

MAY 10 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1942 to 5/10 1942, and that I last saw him alive on 5/10 1942.

Immediate cause of death Congenital heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. L. Ratstein M. D.

Address Sinai Hospital Date signed

F 92044 BALTIMORE CITY HEALTH DEPARTMENT F 92044
CERTIFICATE OF DEATH
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Elman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myer Seidel (MYER SEIDEL)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Furrier - left
11. Industry or business

FATHER 12. Name Benj Seidel
13. Birthplace Russia
MOTHER 14. Maiden Name Bertha
15. Birthplace Russia

16 (a) Informant Wife
(b) Address 2810 Elman Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Phila Rd + Hamilton Ave
18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St.
19 MAY 10 1942 (b) Hamilton for Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to arteriosclerosis
Due to
Other Conditions history of angina pectoris
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 10 1942

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important.

VS 6

F 92045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-0

Registered No. ✓ F 92045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A. Kuebel

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lida M. Kuebel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9. 1864

8. AGE: Years	Months	Days	If less than one day
77	7	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business Baltimore City

FATHER
12. Name William F. Kuebel
13. Birthplace Germany

MOTHER
14. Maiden Name Unkowned
15. Birthplace Germany

16 (a) Informant Mrs. George W. Ryan
(b) Address 2418 Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John A. Moran
(b) Address 5201 Greenmount Ave.

19 MAY 10 1942 (Date received) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 6-20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1942 to May 7 1942 and that I last saw h[illegible] alive on May 7 1942.

Immediate cause of death	Duration
ARTERIOSCLEROSIS.	2 yrs
Due to CARDIO VASCULAR RENAL DISEASE	1 YR
Due to ACUTE PULMONARY OEDEMA	5 DAYS
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A Kavanagh M. D.
Address 3328 McElderry St Date signed 5-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 92046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92046

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Baird

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Caroline Baird
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 1872

8. AGE: Years	Months	Days	If less than one day
70	2	6	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Milkman (Retired.)
11. Industry or business

FATHER
12. Name Louis T. Baird
13. Birthplace Annapolis

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Annapolis

16 (a) Informant Louis T. Baird
(b) Address 1339 North Fulton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 9 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director E. Leroy Griffith Jr.
(b) Address 125 E. North Ave.

19 MAY 10 1942 (Date received by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 12 57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1942 to 5-8-1942 and that I last saw him alive on 5-8-1942

Immediate cause of death Respiratory and Cardiac Failure

Due to Diabetes Mellitus

Due to Arteriosclerosis

Other Conditions General debilitation.
(Include pregnancy within 3 months of death)

Date of operation 5-3-42

Major findings of operations Gangrene of 4th toe

of autopsy

Duration
3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William C. Lasoe M.D.
Address Mercy Hospital Date signed 5-8-42

VS 3

4818 Rexot Rd. F 92047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 92047 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 RUXTON AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 RUXTON AVE (If rural give location)
(e) Citizen of foreign country? DO (Yes or No) If yes, name country

3 (a) FULL NAME DAVID HOFFMAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name SOLOMON HOFFMAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SLUYA
15. Birthplace RUSSIA

16 (a) Informant ANNA HOFFMAN- WIFE
(b) Address 1917 RUXTON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHIL. RD. + HAMILTON AVE

18 (a) Funeral director Jack Levin Inc
(b) Address 1432 E. Balto St

19 (a) (Date Registrar) (b) Registrar

MAY 10 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1942, at 9 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1937 to May 8 1942, and that I last saw him alive on May 8 1942.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration 2 1/2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris Levin M. D.
Address 4818 Reisterstown Rd Date signed May 10, 1942

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause of

F 92048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

Registered No. F 92048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4133 Faces Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4133 Faces Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Agnes Mary Rattray.

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1857

8. AGE: Years	Months	Days	If less than one day
84	7	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Seamstress.

FATHER
12. Name William Rattray.
13. Birthplace England.

MOTHER
14. Maiden Name Ann Bell,
15. Birthplace Maryland.

16 (a) Informant Mrs Edith Spencer
(b) Address 4133 Faces Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral,
Location

18 (a) Funeral director Walter R. McNamara,
(b) Address 4114 Faces Road.

19 (a) MAY 10 1942 (Date received by Registrar) (b) Thurlington for White Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942, at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb - 1935 to May 7 1942 and that I last saw alive on May 7 1942.

Immediate cause of death: Cardio-Vascular failure — Duration 2 wks.
Due to Arteriosclerosis and Cardiac Hypertension — 7 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Dieterich Jr.
Address 246 W 36 St. Date signed 5/9/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 92049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92049

PLEASE WRITE PLAINLY. WITH [illegible] correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH: Levondale
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution:
Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7236 Park Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Eudice Scherr

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Abraham Reiver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation H-W.
11. Industry or business

FATHER
12. Name Israel —
13. Birthplace R.

MOTHER
14. Maiden Name Minnie
15. Birthplace R.

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvedere
17 (a) Burial Russia (Burial, cremation, or removal) (b) Date thereof 5-10-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd.
18 (a) Funeral director Jack Reiver Inc
(b) Address 1739 E. Balto. St
19 (a) (b)

MAY 10 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-42 19 at 9.46 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1942 to 5-9 1942.
and that I last saw h alive on 5-9 1942.

Immediate cause of death
Coronary Thrombosis
a Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Reiver M.D.
Address Levindale Date signed 5/10/42 M. D.

F 92050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 92050 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death so that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 E. Eager St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie L. Haskins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Maggager Haskins
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 25th 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	12		1877

9. Birthplace Deale Calvert Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Horsey
13. Birthplace Pomoko City Md.

MOTHER
14. Maiden Name Ellen Jones
15. Birthplace Princessanna Co. Md.

16 (a) Informant Maggager Haskins
(b) Address 1811 E. Eager St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 - 11 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary cem.
Location Anne Arundel County

18 (a) Funeral director Byron & Mamie Wright
(b) Address 721 Gilmor St.

19 (a) (Signature of registrar) (b) Registered [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 7 1942 and that I last saw h[illegible] alive on May 7 1942

Immediate cause of death
Acute Colon
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration: May 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Allen M.D.
Address 12 [illegible] Date signed May 9-42

VS 3

F 92051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-b

F 92051 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1246 Hull St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Clarke

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Patrick Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1st 1870

8. AGE: Years	Months	Days	If less than one day
71	6	7	hr. min.

9. Birthplace England
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant James Clarke
(b) Address 1246 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11th 1942 (month, day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore & Dill

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E Fort Ave.

19 (a) MAY 0 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 8 1942 and that I last saw her alive on May 8 1942.

Immediate cause of death Intestinal Obstruction — Duration 5 days.
Due to Incarcerated Ventral Hernia
Due to
Other Conditions Arteriosclerosis C.V. Disease & Chronic Failure
(Include pregnancy within 3 months of death)
Date of operation May 7 1942
Major findings of operation: As above.
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Catherine Joseph
Address St Joseph's Hosp Date signed 5/8/42

PLEASE WRITE PLAINLY. All items must be correct and complete. Physicians: please write carefully. Every item is especially important.

F 92052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

F 92052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Strathmore Av. (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME CARMELLA SACCO

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-12-7941

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1924

8. AGE: Years 17 | Months 9 | Days 25 | If less than one day: hr. min.

9. Birthplace Scranton, Pa. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Arundel Ice Cream Corp

FATHER
12. Name James Sacco
13. Birthplace Denura, Pa.

MOTHER
14. Maiden Name Lena Santoro
15. Birthplace New York

16 (a) Informant Mr. James Sacco
(b) Address 2600 Strathmore Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/1942 (month) (day) (year)

(c) Cemetery or crematory
Location Scranton, Pa.

18 (a) Funeral director William J Tickner & Sons
(b) Address North & Pa. Aves

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9. 1942 at 11:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30. 1942 to May 9. 1942 and that I last saw her alive on May 9 1942.

Immediate cause of death
Cardiac failure
Due to Aortic insufficiency and Stenosis.
Due to Active rheumatic heart disease
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 9 Days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address 1409 N. Caroline St Date signed May 10/42

PLEASE WRITE PLAINLY with ... correct age is especially important. Physicians: please write the cause ...

F 92053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92053 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Fairview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Fairview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. WILLIAM F. BEASLEY, JR.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 218-03-7756

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife: Emily
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1879

8. AGE: Years	Months	Days	If less than one day
62	10	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cashier
11. Industry or business Md. Jockey Club

FATHER
12. Name Col. Wm. F. Beasley
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary S. Hewitt
15. Birthplace Ky

16 (a) Informant Mrs. Emily Beasley, wife
(b) Address 3504 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1942 at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941, to May 8 1942, and that I last saw h alive on May 8 1942.

Immediate cause of death: Coronary Occlusion — Duration 2 hrs.
Due to Arterio-sclerosis — 9
Due to
Other Conditions Hypertension — about 2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter L Dalldorf M. D.
Address 2220 Garrison Blvd Date signed May 8/42

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure the entries for cause of death are correct and complete. Physicians: please write the cause of death in plain terms; the cause is especially important.

AB-23858

F 92054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 92054 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Hrs 50 Min.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1734 Linden Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME JAMES MCGOLDRICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1896

8. AGE: Years	Months	Days	If less than one day
45	11	17	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business

FATHER

12. Name Owden McGoldrick

13. Birthplace Ireland

MOTHER

14. Maiden Name Ellen Feeley

15. Birthplace Ireland

16 (a) Informant

(b) Address B C H RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)

(c) Cemetery or crematory Phila. Pa

Location Phila. Pa.

18 (a) Funeral director Tilly Zeller Low

(b) Address 463 W. Lombard St

19 (a) MAY 10 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1942, at 9 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1942 to 5-9 1942 and that I last saw him alive on 5-9 1942.

Immediate cause of death Lobar pneumonia

Duration 13 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp Date signed 5-10-42

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of death clearly.

F 92055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92055 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 N. Caroline Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES R. KEARNEY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: NONE

4. Sex: Male

5. Color or race: Wh. Black

6 (a) Single, married, widowed, or divorced: Div.

6 (b) Name of husband or wife: Carrie Ross

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): August 28, 1895

8. AGE: Years: 46 | Months: 8 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER
12. Name: James Kearney
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden Name: Mary Gillespie
15. Birthplace: Mayo, Island.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 11/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zadenhue
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) MAY 10 1942 (b) Registrar Acting for Wilmuth, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1942, at 9:05p M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1942, to May 5, 1942, and that I last saw him alive on May 5, 1942.

Immediate cause of death: Ventricular fibrillation — Duration: 5 min.

Due to: Coronary occlusion and chronic alkalosis — Duration: 5 min / 3 mo.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael B. Leiniken, Asst Surg U.S.P.H.S.
Address US Marine Hospital, Baltimore, Md. Date signed 5/7/42

F 92056

F 92056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. HIGHLAND AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Scroggs

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	215 03 9500	MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ROSE SCROGGS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 6 1887

8. AGE: Years	Months	Days	If less than one day
54	8	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation BLACKSMITH
11. Industry or business CENDIN BROS.

FATHER
12. Name WILLIAM T. SCROGGS
13. Birthplace BALTO.

MOTHER
14. Maiden Name EMMA FOWLER
15. Birthplace BALTO.

16 (a) Informant WILLIAM SCROGGS (SON
(b) Address 19 N. HIGHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 12/42 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF EAST NORTH AVE.

18 (a) Funeral director Tully J. Sederbee
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by local reg.) (b) Huntington Williams, M.D.
MAY 10 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1942, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1942 to 5/9 1942 and that I last saw h[illegible] alive on 5/9 1942.

Immediate cause of death Respiratory Failure
Due to Primary Carcinoma of the Lung, right — Duration 3 months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. V. [illegible] M.D.
Address St. Joseph's Hospital Date signed 5/9/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a manner that the correct age is especially important.

414960

F 92057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 92057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State LA (b) County
(c) City or town BATON ROUGE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 LAKE SHORE DRIVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA JENNINGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife JAMES

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) AUG. 14 - 93

8. AGE: Years	Months	Days	If less than one day
48	8	26	hr. min.

9. Birthplace LA (Town, county, and state)

10. Usual Occupation H. WIFE

11. Industry or business

FATHER
12. Name JAMES PIRIE
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name FRANCES DE VALL
15. Birthplace LA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 13 1942 (month) (day) (year)
(c) Cemetery or crematory Greenlawn Cem
Location Baton Rouge La

18 (a) Funeral director John D. Mitchell Funeral
(b) Address 1900 Eastern Ave

19 (a) (Date received by registrar) MAY 10 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 10 1942 at 6.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 23 1942 to MAY 10 1942 and that I last saw her alive on MAY 10 1942

Immediate cause of death Respiratory failure

Due to anemia

Due to Gastro-intestinal hemmorrhage

Other Conditions Cirrhosis of the liver

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp. Date signed 5/10/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death correct age is especially important.

VS 3

F 92058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Wolfe st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Wolfe st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry b Nolan

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 - 1864

8. AGE: Years	Months	Days	If less than one day
77	10	6	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Michael Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Wilhelmina Schachert
15. Birthplace unknown

16 (a) Informant Family
(b) Address 1512 Wolfe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 11 - 42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director George J Roch
(b) Address 5305 Harford Ave

19 (a) (Date received by Registrar) (b) Registrar

MAY 10 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 8 - 1942, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942, to May 8, 1942, and that I last saw him alive on May 7, 1942.

Immediate cause of death: Coronary occlusion — Duration: 6 Mos.

Due to Arteriosclerosis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert G Bungerwald M. D.
Address 16 E North Ave Date signed 5-10-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Age is especially important.

F 92059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 170-C

F 92059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3 (a) FULL NAME Francis L. Summers

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1919

8. AGE: Years	Months	Days	If less than one day
23	-	6	hr. min.

9. Birthplace Westminster, Carroll, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William L. Summers
13. Birthplace Fred. Co. Md.

MOTHER
14. Maiden Name Theodosia Dorsey
15. Birthplace Westminster Md.

16 (a) Informant William L. Summers
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 12 42 (month) (day) (year)
(c) Cemetery or crematory Ellsworth Cem.
Location nr. Westminster Md.

18 (a) Funeral director J. E. Myers, Jr.
(b) Address Westminster, Md.

19 (a) MAY 10 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)
Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 6 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to [redacted] run over by automobile	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 10 1942 at M
(c) Where did injury occur? Carroll County Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury struck by automobile

23. Signature Robert Lee Featherston M.D.
Medical Examiner.
Date signed

Please write clearly. Correct age is especially important. Physicians: please write the cause

F 92060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170-a

F 92060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County York
(c) City or town Hanover (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 Centennial Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine McLane

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Revere McLane
6 (c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) Aug 26, 1912

8. AGE: Years	Months	Days	If less than one day
29	8	14	hr. min.

9. Birthplace Cumberland Co, Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lloyd R Rhone
13. Birthplace Cumberland Co Pa

MOTHER
14. Maiden Name Anna B Boyd
15. Birthplace Cumberland Co. Pa

16 (a) Informant C. J. McDermott
(b) Address Immaculate Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1942 (month) (day) (year)
(c) Cemetery or crematory Rest Haven Memorial Park
Location Hanover Pa.

18 (a) Funeral director W. A. Fenes
(b) Address Hanover Pa.

19 (a) MAY 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 11 00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and autopsy thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Fracture of base of skull
Rupture of bladder
Internal hemorrhage
Due to auto struck by train.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 8 1942 at M
(c) Where did injury occur? Hanstead Pa
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. Crossing While at work? No
(Specify type of place)
(e) Means of injury Struck by train

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed May 10 1942

VS 6

PLEASE WRITE PLAINLY. Items must be answered or the words "unknown" or "none" inserted where necessary. Physicians: please write the cause of death in such terms as to convey a definite idea of the pathological condition. Indefinite or unusual terms, abbreviations, and the use of initials should be avoided. Accuracy in stating the age is especially important.

F 92061

F 92061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4516 Garrison Bl'd
(c) Hospital or institution: Ventura Nursing home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Allendale Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5/4

3 (a) FULL NAME Mary Agnes Powley

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1862

8. AGE: Years 80 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nathaniel J. Glass
13. Birthplace Penna.

MOTHER
14. Maiden Name Ellen Jane Mullen
15. Birthplace Penna.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Carlisle, Pa.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) MAY 10 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1941 to May 10 1942 and that I last saw h[illegible] alive on May 7 1942.

	Duration
Immediate cause of death: Chronic cardio-renal disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. H. Kahler, M.D.
Address 730 Poplar Gr. Pk Date signed May 10/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Age is especially important.

VS 8

F 92062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

E 92062
Registered No.

F.S. (73477)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 85 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Fait Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Hodges

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	Nile

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 26, 1857

8. AGE: Years	Months	Days	If less than one day
85	3	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Hoffman
13. Birthplace ? Germany

MOTHER
14. Maiden Name Clara ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 5/13/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Mt. Carmel
Location Balto., Md.

18 (a) Funeral director Williams Cook
(b) Address 1219 St. Paul St

19 (a) MAY 11 1942 Huntington Williams, M.D.
Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1942 at 12:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1942 to 5-10 1942 and that I last saw her alive on 5-10 1942.

Immediate cause of death	Duration
Bronchopneumonia	10 d.
Due to	
Due to	
Other Conditions Arteriosclerotic Gangrene of foot (Include pregnancy within three months of death)	5 mo.
Date of operation 4-23-42	
Major findings of operation: Gangrene of foot	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Abbot
Address Balto City Hosp Date signed 5-10-42

VS 3

AB-73811

F 92063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Presstman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

167

3 (a) FULL NAME John Wesley Strigle

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-03-5802

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1877

8. AGE: Years 64 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Cordage

FATHER
12. Name James Strigle
13. Birthplace Va.

MOTHER
14. Maiden Name Safronia Forbush
15. Birthplace Va

16 (a) Informant B C H RECORDS
(b) Address

17 (a) Burial (b) Date thereof 4/12/42 (month) (day) (year)
(c) Cemetery Western
Location Balto - Md

18 (a) Funeral director Wilkerson Cook
(b) Address 1217 St. Paul St

19 (a) MAY 11 1942 Huntington Wilkerson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1942, at 9 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1942 to 5-9 1942, and that I last saw h[illegible] alive on 5-9 1942

Immediate cause of death Coronary occlusion — Duration 4 days

Due to Arteriosclerotic heart disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 5-10-42

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

F 92064 BALTIMORE CITY HEALTH DEPARTMENT F 92064
CERTIFICATE OF DEATH 694-a Registered File

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Colwell
3 (b) If veteran, name war — W
3 (c) Social Security Account No. [illegible]
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 20th 1870
8. AGE: Years 72 Months 2 Days 19 If less than one day hr. min.
9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Iron Worker
FATHER 12. Name John F. Colwell
13. Birthplace Balto. Co. Md.
MOTHER 14. Maiden Name Emily F. Franklin
15. Birthplace Md.
16 (a) Informant Russell H. Colwell
(b) Address 408 Whitridge Ave
17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery Morgan Chapel
Location Woodbine - Carroll Co. Md.
18 (a) Funeral director William Cook
(b) Address 127 St. Paul St
19 MAY 11 1942 (Date rec'd by Registrar) (b) Huntington Williams Signature of Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH May 9 1942, at 4 30 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy and Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed May 10 1942

Please write clearly. Physicians: please write the cause of death correct age is especially important.

VS 6

F 92065 BALTIMORE CITY HEALTH DEPARTMENT F 92065

CERTIFICATE OF DEATH 942-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lee Scott

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1864

8. AGE: Years 77 | Months 11 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Daniel Miller Co

FATHER
12. Name Jobe Scott
13. Birthplace md.

MOTHER
14. Maiden Name Unknown Kirby
15. Birthplace Md.

16 (a) Informant Miss Ada V. Lewis
(b) Address 211 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) MAY 11 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942, at 6.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 8 1942, and that I last saw him alive on May 8 1942

	Duration
Immediate cause of death: Cardiac failure	6 days
Due to: Coronary occlusion	6 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M.D.
Address Union Memorial Hosp. Date signed 5-8-42

PLEASE WRITE PLAINLY. Fill in all blanks by typewriter or pen and ink. Be sure to give correct age in especially important. Physicians: please write the cause of death

F 92066 BALTIMORE CITY HEALTH DEPARTMENT 93-D F 92066

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mercy Hospital 21-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 64 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Glyndon Avenue (Always give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Angst

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Angst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27-1869

8. AGE: Years	Months	Days	If less than one day
73	2	12	hrs. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Angst
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Barghardt
15. Birthplace Maryland

16 (a) Informant Wards of Mercy Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul Street

19 MAY 11 1942 (b) Huntington Md
(Date received by registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 9 1942
and that I last saw him alive on May 9 1942

Immediate cause of death
Arteriosclerotic Cardio Vascular disease
Due to cardiac failure
Due to
Other Conditions Gangrene of left foot
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos Hedrick M.D.
Address Mercy Hospital Date signed 5/9/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will indicate correct age is especially important.

F 92067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92067 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Aged Women's + Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 1400 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Oades

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
W	[illegible]	Male	White	Single	—	— years

7. Birth date of deceased (mo., day, yr.) May 10th 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	3	28		

9. Birthplace London England (Town, county and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name Alfred Oades
13. Birthplace England

MOTHER
14. Maiden Name Sarah Pye
15. Birthplace

16 (a) Informant Aged Women's + Aged Men's Home
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received MAY 11 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1942, at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17/1939, to 5/8/42 19..; and that I last saw him alive on 5/7/42 19..

Immediate cause of death	Duration
Congestive heart failure	3 days
Due to Chronic myocarditis.	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Jarrett, M.D.
Address 1115 St. Paul St., Balto. Signed 5/8/42

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause

F 92068 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 92068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha V. Bateman

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Herman J. Bateman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 26th 1871

8. AGE: Years	Months	Days	If less than one day
71	3	13	hr. min.

9. Birthplace Norfolk Va. (town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Thomas A. Nolen
13. Birthplace Ireland

MOTHER
14. Maiden Name E. Nicholson
15. Birthplace Va.

16 (a) Informant Henry T. Bateman
(b) Address 243 N. Patterson Pk. Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MAY 11 1942

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms that a correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to May 8 1942 and that I last saw h[illegible] alive on May 8 1942

Immediate cause of death	Duration
Cardiac Dilatation	1½ hrs
Due to Arteriosclerosis hypertension	3 yrs
Due to Chronic Nephritis	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M.D.
Address 5010 Greenleaf Road Date signed 5-8-42

F 92069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 West Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
325 (d) Street No. 1931 West Franklin
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta G. Knorr

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louis A Knorr
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 15 1849
8. AGE: Years 92 | Months 10 | Days 24 | If less than one day: hr. min.
9. Birthplace Germany (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name George H. Miller
13. Birthplace Germany
MOTHER 14. Maiden Name Sophia Fisher
15. Birthplace Germany
16 (a) Informant Meta H. Knorr
(b) Address 1931 West Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road
18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8 MAY 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1942 at 11 10 M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941, to 5/9 1942
and that I last saw h[illegible] alive on 5/9 1942

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 2

Due to

Due to

Other Conditions: Senility

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dona Laughlin M. D.
Address 400 N. Payson St Date signed 5/9/42

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

F 92070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No.

F 92070

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Be sure to answer every question. Please see that your statements are correct and complete. Do not omit any information which you may have, although you may think it unimportant. Physicians: please write the causes of death clearly and state duration in each case. Be sure to fill in items 17 and 19. Your certificate cannot be filed without them. Please report at once any error or omission you may find in this certificate. Do not delay burial. Your duty in this matter is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Burgundy Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Martha Lena Brown (Birth F 30470)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1941

8. AGE: Years	Months	Days	If less than one day
	10	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Blondell Brown
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lillian London
15. Birthplace Baltimore, Maryland

16 (a) Informant Father
(b) Address 531 Burgundy Street, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 MAY 11 1942 (Date received by registrar) Acting for Nolan Williams, M.D.

MEDICAL CERTIFICATION

28. DATE OF DEATH May 8 1942, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942 to May 8 1942, and that I last saw h.s.n. alive on May 8 1942.

Immediate cause of death	Duration
Miliary Tuberculosis	Days
Due to	
Due to	
Other Conditions Pneumonia, Bronchitis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Univ Hosp Date signed 5-8-42

VS 2

F 92071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-D

F 92071 1 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Gwynns Falls Parkway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Gwynns Falls Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

1357

3 (a) FULL NAME Jay Fred Perfect

3 (b) If veteran, name war	3 (c) Social Security Account No. 213-09-9384

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Laura V. Wilbourn
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 23, 1870

8. AGE: Years	Months	Days	If less than one day
71	10	16	hr. min.

9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation Manufacturer's Agent
11. Industry or business

FATHER
12. Name Thomas Perfect
13. Birthplace O.

MOTHER
14. Maiden Name Elizabeth Condit
15. Birthplace O.

16 (a) Informant Mrs. Laura W. Perfect
(b) Address 3201 Gwynns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1909 Eutaw Place

19 (a) MAY 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1942, at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to May 9 1942, and that I last saw him alive on May 9 1942.

Immediate cause of death	Duration
Pulmonary Embolism & Hemorrhage	?
Due to Carcinoma of Prostate	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Silberstein M. D.
Address 2307 Edmondson Ave. Date signed

VS 2

F 92072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 92072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Items must be answered in full. Use "None" where necessary. If unknown, or if not applicable, write unknown or not applicable, as the case may be. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Homewood Apartments
(b) Street address Charles & 31st Streets
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Kingsbury Pugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Dr. Thos. C. Pugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1848

8. AGE: Years	Months	Days	If less than one day
94	2	24	hr. min.

9. Birthplace Oxford, N. C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Russell Kingsbury
13. Birthplace Mass.

MOTHER
14. Maiden Name Lucy Pickett
15. Birthplace Mass.

16 (a) Informant Lucy Pugh Preston
(b) Address Homewood Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Signature and title of local registrar) (b) Huntington Wilkinson, M.D.

MAY 11 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942, to May 8 1942, and that I last saw her alive on May 8 1942.

	Duration
Immediate cause of death: Myocardial insufficiency	2 Days
Due to: General arteriosclerosis	years
Due to:	years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M.
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Wilkinson M.D.
Address 2200 Garrison Blvd. Date signed 5/10/42

F 92073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-c

F 92073 Registered No.

PLEASE WRITE PLAINLY. With typewriter or pen and ink. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer every question. Be sure to give correct age in each case. Every question must be answered, or the certificate will be returned for completion. Every certificate must be signed by the physician, and by the undertaker or person acting as undertaker. Physicians: please write the causes of death clearly and in ink. Be sure to fill in the time interval between onset and death. The cause of death must be certified to the best knowledge and belief of the physician. Do not report symptoms of the last illness, but the disease or injury which caused death. Be sure to fill in the space for "Duration." Do not report the mode of dying, such as heart failure, asthenia, etc., but the cause of the heart failure, asthenia, etc. Do not report merely "accident," "homicide," or "suicide," but the nature of the accident, homicide, or suicide. Be sure to fill in the space for "Duration." Do not report the mode of dying, such as heart failure, asthenia, etc., but the cause of the heart failure, asthenia, etc. Do not report merely "accident," "homicide," or "suicide," but the nature of the accident, homicide, or suicide.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Old Orchard Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Old Orchard Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howland Roberts

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie Knabe
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 12/16/68

8. AGE: Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Mathias Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Cornelia Frey
15. Birthplace Md.

16 (a) Informant Mrs. Annie K. Roberts
(b) Address 400 Old Orchard Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director Fred O. Mitchell Funeral
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 11 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 14, 1942, to May 8, 1942, and that I last saw h im alive on May 8, 1942

Immediate cause of death Paralysis Agitans (Parkinson's Disease) — Duration 2 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pessagno M. D.
Address 514 Drury Lane Date signed 5/9/42

F 92074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92074 Registered No. 186-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE J. KELLY JR.

3 (b) If veteran, name war WORLD WAR

3 (c) Social Security Account No. 217-16-8228

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1889

8. AGE: Years 52 | Months 6 | Days 16 | If less than one day - hr. - min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER 12. Name Lawrence J. Kelly, Sr.
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Agnes Burns
15. Birthplace Wheeling, W. Va.

16 (a) Informant Miss Agnes Kelly
(b) Address 319 E. Biddle street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. J. Feeney, Son
(b) Address 118 N. Mt. Royal Ave

MAY 11 1942 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 3:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intracranial hemorrhage — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 1/5
(b) Date of occurrence May 8, 1942 M
(c) Where did injury occur? 1602 N. Calvert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Fell from ladder while

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 5-9-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey a clear idea to the undertaker and registrar of the disease or complication causing death. Indefinite or unusual terms should be avoided. Please report the correct age in years. The information requested under "Length of stay" is especially important.

F 92075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92075 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will indicate correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2855 Mayfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2855 Mayfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Albert Burkhardt.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dora Burkhardt
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1888

8. AGE: Years	Months	Days	If less than one day
53	9	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Cloverland Dairy Driver

FATHER
12. Name Charles E. Burkhardt.
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Fisher.
15. Birthplace Md.

16 (a) Informant Dora Burkhardt.
(b) Address 2855 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road.

18 (a) Funeral director Ehrnsworth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) MAY 9 1942 (b) Huntington Williams, M.D. Registrar
MAY 11 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1942, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1942, to 5/7 1942
and that I last saw him alive on 5/6 1942.

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerosis, Renal disease — 8 yrs.

Due to

Other Conditions Bronchial pneumonia — 8 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank F. Monroe M. D.
Address 7425 Eastern Ave. Date signed 5/8/42

F 92076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

F 92076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Fenton Stickel, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1938

8. AGE: Years	Months	Days	If less than one day
3	5	21	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Thomas F. Stickel, Sr.

13. Birthplace Va

MOTHER 14. Maiden Name Dora Wilson.

15. Birthplace Md

16 (a) Informant Thomas F. Stickel, Sr.

(b) Address 3417 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/42 (month) (day) (year)

(c) Cemetery or crematory Forks

Location Harford Co. Md

18 (a) Funeral director Galbreath & Donovan

(b) Address 3645-47 Chestnut Ave.

19 (a) MAY 11 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16/42 19 to 5/8/42 19 , and that I last saw h alive on 5/8/42 19

Immediate cause of death Lobar Pneumonia

Due to Chloroma

Due to Acute Myeloid Leukemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Scott M. D.

Address University Hospital Date signed 5/8/42

PLEASE WRITE PLAINLY. WITH UNFADING INK. Be sure to give correct age in especially important. Physicians; please write the causes of death clearly and legibly.

F 92077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95

F 92077 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 E. Monument St.
(c) Hospital or institution South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto., Md.
(d) Street address 2417 E. Cross St. (If outside city or town limits, write R.F.D. or St. and give town) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary K. Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Howard L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1873

8. AGE: Years 68 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Patrick Fenjon

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary

15. Birthplace Ireland

16 (a) Informant Mrs. Zeba Waresby

(b) Address 501 Reedbird Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/1942 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location A. A. Co., Md.

18 (a) Funeral director Maurice J. Flynn

(b) Address 1422 Eight St.

19 Filed MAY 11 1942 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 1:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Pulmonary embolus — Duration

Due to

Due to

Other Conditions Mitral cardiac hypertrophy (Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 10 1942

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed May 10 1942

Please write plainly. Physicians: please write the cause of death in such terms as will correct age is especially important.

F 92078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

F 92078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Haverman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1864

8. AGE: Years	Months	Days	If less than one day
77	7	1	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Steam shovel operator
11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Mrs Bert Haldeman
(b) Address 25 E 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md

18 (a) Funeral director Albert W Bergamy
(b) Address 4440 E North Ave

19 (a) MAY 11 1942 (Date rec'd by registrar) (b) Interim for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 - 1942 at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1941 to April 8 1942, and that I last saw h[illegible] alive on April 8 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterman
Address 2324 Reisterstown Rd Date signed 5/11/42 M. D.

PLEASE WRITE PLAINLY, with unfading ink. Be sure your answers are complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 92079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

Registered No. F 92079

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 1109 N. Mount st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Hanna

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years: 44 yrs | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas H. Chase
13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Annie R. Coates
15. Birthplace Calvert Co. Md.

16 (a) Informant Annie R. Chase
(b) Address 1109 N. Mount st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Pentwyant Cem.
Location Huntingtown Cal. Co. Md.

18 (a) Funeral director Chas H. Alexander
(b) Address Prince Frederick, Md.

MAY 11 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 8 1942 and that I last saw h[illegible] alive on May 7 1942

Immediate cause of death: Kidney Condition
Due to: Deferruginization
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature B. A. Hatcher M.D.
Address Prince Fred. Md. Date signed May 9/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in terms which can be understood by the laymen. Please report promptly to the Registrar the correct age is especially important.

VS 3

F 92080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1353

F 92080

1. PLACE OF DEATH: Balto, Md.
(a) Baltimore City, Maryland
(b) Street address 1437 Lawrence st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Lawrence st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley A. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
32 yrs.	6 mos		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name John W. Cook
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael Gross
15. Birthplace Calvert Co. Md.

16 (a) Informant Rachael Cook
(b) Address 1437 Lawrence st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location Arbutus Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Monroe St. Williams M.D.

19 (a) (Date received) MAY 11 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1942 to 5/8 1942.
and that I last saw h alive on 5/7 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5/11/42

Please write clearly in ink. Physician: please write correct age in especially important.

VS 8

F 92081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

F 92081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Calvert ST.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town Red Banks (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 Broad ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Carl Muscatt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Jewish	Married

6 (b) Name of husband or wife Mrs. Carl Muscatt, (Belle)
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-24-1883

8. AGE: Years	Months	Days	If less than one day
59	-	16	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Mr Samuel Muscatt
13. Birthplace Poland

MOTHER
14. Maiden Name Bessie Goldfarb
15. Birthplace Poland

16 (a) Informant Mrs Belle Muscatt
(b) Address 345 Broad St. Red Bank N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 Filed MAY 11 1942 (b) Huntington Williams M.D. Registrar

VS :

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1942, at 4:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3- 1942, to 5-10 1942, and that I last saw h im alive on 5-10-1942.

Immediate cause of death
Drowning in Aspirated Fluid From Stomach & Intestines.
Due to Intestinal Obstruction as a Post Operative Complication
Due to Carcinoma of Colon
Other Conditions
(Include pregnancy within 3 months of death)

Duration
10 min.
7 days
9 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight P. Brinkerhoff III M. D.
Address Union Memorial Hosp. Date signed 5-10-42

PLEASE WRITE correct age in especially important. Physicians: please write the cause of death clearly

F 92082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92082 1
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 The Alameda
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 2725 The Alameda
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. CHARLES LIST WIEGAND

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Helen H. Wiegand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1878

8. AGE: Years 64 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Agt. Internal Revenue

11. Industry or business

FATHER
12. Name Jacob List Wiegand
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Meissel
15. Birthplace Baltimore

16 (a) Informant Mrs. Helen Wiegand
(b) Address 2725 The Alameda

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Crypt
Location Woodlawn, Balto. Co., Md

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) MAY 11 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 19 42 at 4 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to May 8 1942, and that I last saw h~~e~~ alive on May 7 1942.

Immediate cause of death: Lymphatic Leukemia

Duration: 3 weeks

Due to

Due to

Other Conditions: Laboratory Pneumonia
Acute Hemorrhagic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos F. A. Stevens M.D.
Address 2878 Hartford Rd. Date signed 5-9-42

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 8

F 92083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N Appleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Howard Welling~~ HOWARD WALTER WELLING

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-07-0282

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Cora May Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1879

8. AGE: Years	Months	Days	If less than one day
62	8	20	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Arrow Laundry

FATHER
12. Name James David Welling
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Alice Stansbury
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. James Kerr
(b) Address 1103 Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (a) MAY 11 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1942 at 7.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1942 to 5/10 1942 and that I last saw her alive on 5/9 1942

Immediate cause of death: Coronary Thrombosis — Duration
Due to Arteriosclerosis
C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Bowers M.D.
Address St. Agnes Hosp. Date signed 5/10/42

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause of death legibly.

VS 8

Med. Exam Case

F 92084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V67

F 92084

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Freeland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Robinson (Birth F. 43240)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-42

8. AGE: Years	Months	Days	If less than one day
	3	13	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Dont Know Jos. Travers

13. Birthplace N.C.

MOTHER — 14. Maiden Name Martha Robinson

15. Birthplace Baltimore md

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof May 10 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery cemetery

Location A A County

18 (a) Funeral director Lottie Gross

(b) Address 1408 Ashland ave

MAY 11 1942 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D. Howard J. Madeira M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 7.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death UNKNOWN — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Scurvy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ray Pollack M.D.
Address J.H.H. Date signed 5-9-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death so that correct age is especially important.

F 92085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 92085 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution: Mercy Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4133 Fairman Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sadie Saratoka Buvall Wuvall

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: William R
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 19, 1893
8. AGE: Years 48 | Months 10 | Days 24 | If less than one day: hr. min.
9. Birthplace: Balto., Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Henry Primm
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Wm. R. Wuvall
(b) Address: 4133 Fairman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North + Milton Aves.

18 (a) Funeral director: Howard N. Blight Jr.
(b) Address: 4914 Belair Road

19 (a) Filed by registrar MAY 11 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942, to May 10 1942, and that I last saw h[illegible] alive on May 10 1942

	Duration
Immediate cause of death: Uremia	5 da.
Due to: Entero-Nephritis	5 da.
Due to: Cystitis	1 wk.
Other Conditions: Lobar pneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Geo. L. Shuham
Address: Mercy Home Date signed: 5/10

F 92086 ✓ F 92086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Berry

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Edna A. Berry
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 26, 1872

8. AGE: Years	Months	Days	If less than one day
69 68	11	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired merchant
11. Industry or business

FATHER
12. Name John Berry
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotta Heyworth
15. Birthplace Maryland

16 (a) Informant Mrs. Edna A. Berry
(b) Address Randallstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-1942 (month) (day) (year)
(c) Cemetery or crematory Hards Chapel
Location Liberty Road

18 (a) Funeral director C. Harry Speer
(b) Address Sykesville, Md.

19 (a) MAY 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 9 1942 and that I last saw him alive on May 9 1942

Immediate cause of death Coronary thrombosis. Cerebral Embolus. — Duration 13 days 6 days

Due to Hypertension

Due to Cardiovascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Graham M.D.
Address University Hosp. Date signed 5-9-42

PLEASE WRITE PLAINLY with pen, ink or indelible pencil. Physicians: please write the cause of death in ink. Be sure your correct age is especially important.

VS 8

F 92087

SS 73764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92087

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1122 Laurens St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Tigue

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER

12. Name James Dabney

13. Birthplace Virginia

MOTHER

14. Maiden Name Polly ?

15. Birthplace Virginia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (Month) (Day) (Year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Geo. D. Kelbaugh

(b) Address 1303 Pressimmon

19 (c) MAY 11 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1942 at 7.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1942 to 5-10 1942 and that I last saw h PF alive on 5-10 1942

Immediate cause of death Intracerebral Haemorrhage

Due to Hypertensive Cardio vascular disease

Due to Obesity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Myrick W. Butler Jr. M. D.

Address Balto. City Hos Date signed 5-10-42

correct age is especially important. Physicians; please write the

VS 3

F 92088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 92088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43 E. Montgomery St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore/
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 E. Montgomery St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin B. Emerick.

3 (b) If veteran, name war

3 (c) Social Security Account No. 060.10.4520

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lettie B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1879

8. AGE: Years	Months	Days	If less than one day
62	9 10	-	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Scale Mech.
11. Industry or business Fairbank Morse Co.

FATHER
12. Name Ruben F. Emerick
13. Birthplace Pa.

MOTHER
14. Maiden Name Alice Bridge
15. Birthplace Pa.

16 (a) Informant Mrs Lettie B. Emerick
(b) Address 42 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12. 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 MAY 11 1942 (b) Registrar
Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 19 at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 19 42 to May 8 19 42
and that I last saw h alive on May 8 19 42

Immediate cause of death Cerebral hemorrhage — Duration 5 days

Due to Hypertension — Duration 10 yrs

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 1 W Chase St Date signed May 11 1942

correct age is especially important. Physicians

F 92089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

Registered No. F 92089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Druid Hill Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Collick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leroy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-99

8. AGE: Years 42 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER 12. Name Sam Kelly

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Cronin

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Nicholas R. Williams

(b) Address 327 N. Arlington Ave Huntington Williams, Md

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 11 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1942 to May 7 1942 and that I last saw her alive on May 7 1942

Immediate cause of death: Myocardial failure — Duration

Due to: Coronary occlusion

Due to: Hypertensive cardio-vascular disease; arteriosclerosis

Other Conditions: Aneurysm aorta, dissecting

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: Dissecting aneurysm aorta

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank R Hinman M.D.

Address Date signed

A certificate of death is especially important. Physicians: please write the cause correct age

F 92090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 92090 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Stirling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Stirling St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Greene

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Nora Greene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, and yr.) May 16, 1878

8. AGE: Years	Months	Days	If less than one day
63	9	27	hr. min.

9. Birthplace U. S. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business None

FATHER
12. Name Thomas Gardner
13. Birthplace N. C.

MOTHER
14. Maiden Name Martha Ann Marrow
15. Birthplace N. C.

16 (a) Informant Marie Marrow
(b) Address 7813 Harford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Loudon Park Balto

18 (a) Funeral director George T. A. Gilmore Sr
(b) Address 1735 Druid Hill Ave

19 (a) MAY 11 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1942 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7th 1941 to May 7th 1942 and that I last saw him alive on May 7th 1942

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to Bronchitis

Due to Arteriosclerosis

Other Conditions

A (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lucien Sellin M. D.
Address 3714 Keswick Rd Date signed May 8th 1942

Please write plainly. Physicians: please write the cause of death in such terms as will convey to the lay mind a clear understanding of the cause and manner of death. Indefinite and unsatisfactory terms, such as "Senility," "Old Age," "Exhaustion," "Heart Failure," "Kidney Trouble," "Uremia," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Stroke," "Paralysis," "Convulsions," "Meningitis," "Hemorrhage," "Fracture," "Burns," "Drowning," "Asphyxia," "Poisoning," "Suicide," "Homicide," "Accident," should be avoided. Please state the cause of death in plain English. Please see that the age is correct age is especially important. Physicians:

F 92091 ~~92712~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 92091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3 (a) FULL NAME Sarah Neal, 1629 W. Fayette St.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, divorced~~
F	W	~~XXX~~

6 (b) Name of husband or wife John Neal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1871

8. AGE: Years	Months	Days	If less than one day
71	3	15	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Ogleton
13. Birthplace N. C.

MOTHER
14. Maiden Name Amanda Congleton
15. Birthplace North Carolina

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory St Mathais Cem
Location Balty city

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

MAY 11 1942 (Date rec'd by Local Registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1942, at 2 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1942 to 5-6 1942, and that I last saw her alive on 5-6 1942.

Immediate cause of death Lobar pneumonia — Duration 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackliffe M. D.
Address Balto. City Hosp Date signed 5-7-42

Please write in ink and make your answers correct and complete. Physicians: please write the cause of death in such terms as will be understood by the laity. Accuracy in the statement of the cause of death is especially important.

AB-72410

F 92092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-9

F 92092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1MD-21Da
(e) Length of stay in Baltimore (yrs., mos., or days) 20Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Etting St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ETHEL SHELTON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Nellie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1893

8. AGE: Years	Months	Days	If less than one day
48 50?	11?	?	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Lewis
13. Birthplace Kentucky

MOTHER
14. Maiden Name Susie Larkins
15. Birthplace Pennsylvania

16 (a) Informant
(b) Address B C H RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 13 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. Co. Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
Huntingtown, Williamsville, Md.

MAY 11 1942 Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 5-8 1942 and that I last saw her alive on 5-8 1942.

Immediate cause of death Carcinoma of Rectum with metastases — Duration 5 yr
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Seto
Address Balto City Hosp Date signed 5-9-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Correct age is especially important.

F 92093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-3

Registered No. F 92093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 349 Route 13
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine A. Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas Frazier
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 27 - 1887

8. AGE: Years	Months	Days	If less than one day
54	5	10	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Joseph Seymour
13. Birthplace Portsmouth

MOTHER
14. Maiden Name Mary C. Howard
15. Birthplace Unknown

16 (a) Informant Mr. Thomas Frazier.
(b) Address Box 349 Route 13 Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 - 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director John B. Connelly
(b) Address 418 E. Eden Ave. Cary

19 MAY 11 1942 (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1942 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1942 to May 7, 1942 and that I last saw h[illegible] alive on May 7 1942

	Duration
Immediate cause of death: Empyema	1 wk.
Antecedent: Pulmonary Suppuration	1 wk.
Due to: Localized peritonitis	2 mo.
Due to:	
Other Conditions: Ruptured duodenal ulcer	

(Include pregnancy within 3 months of death)

Date of operation March 6, 1942
Major findings of operation: Perforated Duodenal ulcer
Findings of autopsy: Empyema, Pulmonary Suppuration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theresa M. Cheshire, M.D.
Address WBGH Date signed 5/9/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 92094 BALTIMORE CITY HEALTH DEPARTMENT F 92094

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Appleton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Appleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett S. Manuel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Mulatto	Married

6 (b) Name of husband or wife Elmer R. Manuel
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1883

8. AGE: Years	Months	Days	If less than one day
58	7	14	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lawrence D. Mario Manuel
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary R. Weber
15. Birthplace Balto. Md.

16 (a) Informant Elmer R. Manuel
(b) Address 604 Appleton St.

17 (a) Burial (b) Date thereof May 13-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westerns
Location

18 (a) Funeral director Charles P. Towell
(b) Address 2427 Edmondson Ave

MAY 11 1942 (b) Huntington Hilltop MD
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-1942 at 4:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry have that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 5-11-42

correct age is especially important. Physicians: please write the same

F 92095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 92095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 Fleet St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 Fleet Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years.

3 (a) FULL NAME Bronislaw Kujawa

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6250

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva Kujawa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 14, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	25	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Eureka Md Assurance Co

FATHER
12. Name Francis Kujawa
13. Birthplace Poland

MOTHER
14. Maiden Name Helen Jezniak
15. Birthplace Poland

16 (a) Informant Mrs. Eva Kujawa (Wife)
(b) Address 2524 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Caroline street

19 (a) (Local registrar) (b) Huntington Ave Baltimore, Md.

MAY 11 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1942, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to May 1942 and that I last saw him alive on 5/7 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Flora M. D.
Address 3215 Eastern Ave Date signed

correct age is especially important. Physicians: please write

F 92096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-D

F 92096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution:
General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 40 years

3 (a) FULL NAME Elizabeth Mohlenrich

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1862

8. AGE: Years 79 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Geo. C. Mohlenrich
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Lacho
15. Birthplace Germany

16 (a) Informant Mr. C. Geo. Healy / Sister
(b) Address German Home, 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/42 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Griffith
(b) Address 401 Edmondson ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 11 1942

MEDICAL CERTIFICATION 8.30

20. DATE OF DEATH May 10/42 19 . at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 15/42 19 to May 10/42 19, and that I last saw her alive on May 8/42 19

Immediate cause of death — **Duration**

Multiple Sclerosis. Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hacks Schmidt, M. D.
Address 933 Hanover St. Date signed May 11/42

correct age is especially important.

92097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 92097
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fells Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane P. Finnigan

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
40+			hr. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business –

FATHER	12. Name Unknown
	13. Birthplace Unknown
MOTHER	14. Maiden Name Unknown
	15. Birthplace Unknown

16 (a) Informant City Morgue
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 42 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director J. Walter Mayo
(b) Address 619 N Bouldin St

19 (a) MAY 11 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-42 at 7.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar Pneumonia — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 5-5-42

correct age is especially important. Physicians: please write plainly.

VS 6

F 92098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 92098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William C. Keenan

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-07-7255

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace M. Keenan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1870

8. AGE: Years 71 yrs | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Keeping Clerk

11. Industry or business Mutha Drug Co.

FATHER
12. Name William F Keenan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Anna Clements
15. Birthplace Baltimore Md

16 (a) Informant Mrs Grace M Keenan
(b) Address 506 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin
(b) Address 924 E. Eager St.

19 (a) MAY 11 1942 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 10 1942 and that I last saw h[illegible] alive on May 10 1942.

Immediate cause of death Rupture of Colon — Duration

Due to Intestinal Obstruction

Due to Carcinoma of Sigmoid over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-10-42

Major findings of operation: Rupture of Colon

of autopsy: Carcinoma of Sigmoid Rupture of Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Louis Loyd Jr. M.D.
Address 30 E. Fayette St. Date signed 5/11/42

Please correct age is especially important. Physicians please write

F 92099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 92099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave,
(c) Hospital or institution:
Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. Clinton St,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Conrad Buenger

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	214-18-7263	Male	White	Widower

6 (b) Name of husband or wife Christena Buenger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	0	27		

9. Birthplace Baltimore Md,
(Town, county, and state)
10. Usual Occupation R.R. Track Man
11. Industry or business Baltimore Transit

FATHER
12. Name John Buenger
13. Birthplace Unkowned

MOTHER
14. Maiden Name Unkowned
15. Birthplace Unkowned

16 (a) Informant Anna M. Smith
(b) Address 114 N. Clinton St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John A. Moran
Address 2026 E. Baltimore St,

19 (b) MAY 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/42 19 at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21/42 19 to 5/9/42 19 and that I last saw h[illegible] alive on 5/8/42 19

Immediate cause of death
Cardiac Vascular disease — Duration 10 yrs
Due to Hypostatic pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. H. W. Wheaton M. D.
Address 7307 York Rd Date signed 5/9/42

correct age is especially important. Physicians, please

VS 3

F 92100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92100 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1630 N. Milton Avenue
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HARTMAN WATTS

705-03-6154

3 (b) If veteran, name war XXXXX SAW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine Keating

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 30, 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	4	10		

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Boilermaker

11. Industry or business

FATHER
12. Name John Watts
13. Birthplace Norfolk, Virginia

MOTHER
14. Maiden Name Mary Haueizen
15. Birthplace Philadelphia, Pa.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) May 13-42 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)

(c) Cemetery or Crematory Baltimore National Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. C. Millspaugh
(b) Address 2415 E. Oliver St.

19 (a) (Date received by registrar) (b) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1942, at 2:45pM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1942 to May 10, 1942, and that I last saw him alive on May 10, 1942.

Immediate cause of death	Duration
Congestive Failure	Unknown
Due to Cardiac disease, degeneration of myocardium	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature T. B. H. Anderson M.D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 5/11/42

correct age is especially important. Physicians, please

F 92101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92101 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1712 Linden Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Wayland Hortain

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-03-1131

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	

6 (b) Name of husband or wife Bertha B. Horton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-24-79

8. AGE: Years	Months	Days	If less than one day
63	1	15	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Home Foundry

FATHER 12. Name Addison Horton

13. Birthplace Va.

MOTHER 14. Maiden Name Augusta - ?

15. Birthplace Va.

16 (a) Informant Wayland Hortain

(b) Address 1712 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)

(c) Cemetery Farnham Baptist Church

Location Farnham Richmond Co. Va.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MAY 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9- 1942; at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8- 1942 to 5-9- 1942 and that I last saw him alive on 5-9 - 1942

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerosis

Due to Hypertension

Other Conditions Heart Block

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J Heathen MD M. D.

Address University Hospital Date signed Baltimore, Md 5-9-42

VS 1

F 92102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 92102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Vine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Watson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Leslie Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8-1905

8. AGE: Years 37 | Months — | Days 3 | If less than one day: hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Leslie Watson
(b) Address 639 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cem
Location Baltimore Md

18 (a) Funeral director Wm. A. Jackson
Address 916 Pennsylvania ave

19 MAY 11 1942 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Carcinoma of intestines with metastases — Duration: Several months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph E. Muse Jr. M.D. (Medical Examiner)
Date signed 5/11/42 Medical Investigator

correct age is especially important. Physicians: please write plainly.

VS 6

F 92103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 92103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 15 W. Hill St (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENNETT WORMLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 228-09-6650

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/29/1910

8. AGE: Years 31 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER 12. Name Hilton Terrell

13. Birthplace Va

MOTHER 14. Maiden Name Margt Wormley

15. Birthplace Va

16 (a) Informant Lonnie Wormley

(b) Address 15 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.A Co Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1048 W Monte Emery Street

19 (a) MAY 4 4 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 10.35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of abdomen.

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-8-42 at 10 a M
(c) Where did injury occur? York St & Charles (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Revolver - during argument

23. Signature H. L. Williams M.D.
Medical Examiner

Date signed 5-9-42

VS 6

correct age is especially important. Physicians, please fill out completely and accurately

F 92104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E Registered No. F 92104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bethlehem - Fairfield Shipyards
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 N. Calvert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Schaffer

3 (b) If veteran, name war

3 (c) Social Security Account No. 171-01-7127

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13, 1896

8. AGE: Years	Months	Days	If less than one day
46	1	28	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bath - Fairfield

FATHER
12. Name ?
13. Birthplace U.S.

MOTHER
14. Maiden Name ?
15. Birthplace U.S.

16 (a) Informant Mr. Batty
(b) Address Bath. Fairfield Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-42 (month) (day) (year)
(c) Cemetery or crematory Fredericks Cem.
Location Fredericks Pa.

18 (a) Funeral director J. F. McCurdy
(b) Address 130 E. Fort Ave.

19 (a) MAY 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-1942 at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry did find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull -
Due to Hard crushed.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 25/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-11-42 at A. M
(c) Where did injury occur Bethlehem Fairfield Shipyards (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Loading Hold While at work? Yes (Specify type of place)
(e) Means of injury Struck by falling number fell on his head

23. Signature Howard J. Whitehead M.D. Medical Examiner.
Date signed 5-11-42

correct age is especially important. Physicians please attend

VS 6

F 92105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 92105

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1607 Light St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1607 Light St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Reginald F.P. Lowe

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Mary ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 2-24-1908

8. AGE: Years	Months	Days	If less than one day
34	2	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER

12. Name James H.R. Lowe

13. Birthplace Md.

MOTHER

14. Maiden Name Laddie Waltz

15. Birthplace Md.

16 (a) Informant Mrs. Lowe

(b) Address 1607 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)

(c) Cemetery or crematory Westport

Location Edmondson Ave.

18 (a) Funeral director D.J. McCarthy

(b) Address 130 E. Fort Ave.

19 MAY 11 1942 (b) Huntington Williams, M.D. Registrar

VS 1

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1942 to May 9 1942 and that I last saw him alive on May 9 1942.

Immediate cause of death Exhaustion — Duration 2 days

Due to Pulmonary T.B. (Undefinite)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R.B.R. Campbell

Address 1644 Hanover St Date signed 5.11.42

F 92106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 92106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 N Caroline St
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 22 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2636 E Biddle (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Kite (2nd Twin) (Birth 49021)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 42

8. AGE: Years	Months	Days	If less than one day
			22 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Kite

13. Birthplace New Castle P.A.

MOTHER 14. Maiden Name Gertrude Swarslowicz

15. Birthplace Balto Md.

16 (a) Informant Robert Kite

(b) Address 2636 E Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore Carroll Co

18 (a) Funeral director John F. Weber

(b) Address 401 W. Chester Street

(a) MAY 11 1942 (Registered number) (b) Huntingtown Williams Md (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942, to May 11 1942, and that I last saw him alive on May 11 1942.

Immediate cause of death

Premature (2 lbs 10 oz)

Due to 28 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Cranch Jr. M. D.
Address St Joseph's Hosp Date signed 5-11-42

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure to answer all questions correctly. Do not leave any blanks. Please see that the age is correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

92107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 92107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 14 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 2636 E Biddle Street (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Boy Boy Kitz (1st twin) (Birth 4 9 0 20)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1942

8. AGE: Years | Months | Days | If less than one day: 14 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Kitz
13. Birthplace New Castle P. A.

MOTHER
14. Maiden Name Gertrude Twardowicz
15. Birthplace Balto. Md.

16 (a) Informant Robert Kitz
(b) Address 2636 E Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John M Welsh
(b) Address 1, Chester Street

19 MAY 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 2 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to May 11 1942 and that I last saw him alive on May 11 1942

Immediate cause of death: Prematurity (2 lbs 8 oz 28 weeks pregnancy) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Cranmer Jr M.D.
Address St Joseph's Hosp Date signed 5-11-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

VS 2

92108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 92108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3645 Elm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3645 Elm Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

37

3 (a) FULL NAME William G. Harman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-6259

4 Sex: Male

5 Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: L. May Harman

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 13-1869

8. AGE: Years 72 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace Westminster Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Kilmy Machine Co.

FATHER
12. Name Lewis Harman
13. Birthplace Maryland

MOTHER
14. Maiden Name Matilda Strass
15. Birthplace Maryland

16 (a) Informant Mrs. L. May Harman
(b) Address 3645 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-1932 (Month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) MAY 11 1932 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11- 1932, at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1932, to May 11 1932, and that I last saw h alive on May 10 1932

Immediate cause of death: Acute Dilatation of Heart — Duration: 8 hrs.

Due to Cerebral Thrombosis — 6 mos.

Due to Arterio-Sclerosis — 30 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Fackler M. D.
Address 2824 St. Paul St. Date signed May 11-32

correct age is especially important. Physician, please write plainly.

VS 8

92109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓ Registered No. F 92109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3638 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mark E. Codd

3 (b) If veteran, name war —

3 (c) Social Security Account No. 245-03-7789

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma B. Codd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27-1884

8. AGE: Years 57 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Accountant and Auditor
11. Industry or business National Brewing Co.

FATHER
12. Name Patrick J. Codd
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Dinnott
15. Birthplace Ireland

16 (a) Informant Mrs Emma B. Codd
(b) Address 3638 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) MAY 11 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9- 1942 at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1941 to May 9 1942 and that I last saw him alive on May 9 1942

Immediate cause of death Coronary thrombosis (2nd attack) — Duration 6 hrs.
Due to First attack occurred June 4/41. exact what time
Due to Treated him regularly.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 4466 Bell Pl. Date signed 5/11/42

correct age in especially important. Physicians please

VS 1

J. H. VAN Duzee

92110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 92110

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 N. Wash St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Wash. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J Hammel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 18, 1889

8. AGE: Years 53 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Matthew Hammel
13. Birthplace Germany

MOTHER
14. Maiden Name Mytkamp
15. Birthplace Germany

16 (a) Informant Mr Henry Hammel
(b) Address 1826 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Linden Lane Lot

18 (a) Funeral director J. Freymann & Son
(b) Address 32 S. Broadway

19 (a) MAY 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1942 to May 11 1942, and that I last saw h[er] alive on May 10 1942.

Immediate cause of death: Carcinoma of Rt Breast with metastasis to stomach — Duration 2 years

Due to

Due to

Other Conditions Epilepsy — 20 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen F. Hellman M.D.
Address 6 East Biddle St Date signed 5/11/42

VS 3

correct age is especially important. Physicians: please write plainly

92111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-B Registered No. E 92111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 Barrington Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Barrington Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence M. Spedden

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-6950

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice L. Spedden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1883

8. AGE: Years	Months	Days	If less than one day
58	4	27	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Maryland Biscuit Co

FATHER
12. Name Edward E. Spedden
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Ellen R. Travers
15. Birthplace Dorchester Co. Md.

16 (a) Informant Alice L. Spedden
(b) Address 3710 Barrington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Harry A Hunnicutt
(b) Address 4204 Ridgewood Ave

19 (a) MAY 11 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Thurs 10 7 42 19 , at M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/10/41 19 , to 5/11/42 19 , and that I last saw h alive on Thurs 9 7 42

Immediate cause of death
(Interval between onset and death)
Coronary Occlusion
Duration 5 days
Due to Chronic Myocarditis
Duration 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry C Houck M.D.
Address 1911 Mt Royal Ter Date signed May 11 42

DR. HOUCK

correct age is especially important. Physicians: please write

F 92112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 92112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 850 W. 34th St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 W. 34th St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Annie Laura Twyford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 16-1868

8. AGE: Years	Months	Days	If less than one day
73	4	23	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Wm. H. Twyford
13. Birthplace Md

MOTHER
14. Maiden Name Marion E. Turner
15. Birthplace Md

16 (a) Informant Mrs. John Twyford
(b) Address 850 W 34 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Catonsville Md

18 (a) Funeral director Guy K. Berger Jr
(b) Address 612 Hollins St

19 (a) MAY 1-9 1942 (Date received by Registrar) (b) Registrar Huddington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1 1942, to MAY 8 1942, and that I last saw h.R.A alive on MAY 8 1942.

Immediate cause of death	Duration
Coronary thrombosis	2 hours
Due to Arterio sclerosis.	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Arthur J Davies M. D.
Address 800 W 33rd St Date signed 5-11-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 92113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83-a

F 92113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 W Pronton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James a. Jennings.
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-14-2487

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/1913

8. AGE: Years 28 | Months Oct. | Days 14 | If less than one day hr. 1914 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name James Jennings
13. Birthplace Virginia

MOTHER 14. Maiden Name Eliza Holloway.
15. Birthplace Virginia

16 (a) Informant Hilda King Taylor.
(b) Address 534 West Preston St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 914 E Baltimore

19 (a) Huntington Williams Registrar
(Date received) MAY 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 8 1942 and that I last saw him alive on May 7 1942.

Immediate cause of death Apoplexy — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thos S Hamilton M. D.
Address 1201 Druid Hill Ave Date signed 5-8-42

correct age is especially important. Physicians: please write the cause of death

F 92114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Cottage Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County City Baltimore
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(b) Street No. 3912 Cottage Ave (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Matthews

3 (b) If veteran, name war None
3 (c) Social Security Account No. [illegible]
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife Gladys
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 25 - 1902
8. AGE: Years 39 Months 10 Days 14 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Pattern Maker
11. Industry or business Balto & Ohio R.R. Co

FATHER
12. Name George E. Matthews
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Mary Catherine Moyle
15. Birthplace Martinsburg West Virginia

16 (a) Informant Mary Catherine Matthews
(b) Address 3912 Cottage Ave. Balto
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul Street
19 (a) (b)

MAY 12 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1942. at 9 A - M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 9 1942 and that I last saw him alive on May 9 1941.

Immediate cause of death Carcinoma
2 Transverse Colon
Colectomy by Dr Harvey Stone

Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 1st 1941
Major findings of operation: Carcinoma Transverse Colon - Colectomy
Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S. Ashhurst M. D.
Address 607 Park Heights Ave Date signed 5-11-42

Please answer all questions. Physicians: please write clearly. Information must be complete and correct age is especially important.

F 92115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 N. Carolina St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 N. Carolina St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY PEARSON

3 (b) If veteran, name war: Wo
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 25 1871

8. AGE: Years	Months	Days	If less than one day
70	7	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Watchman

FATHER
12. Name Harry H. Pearson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Peters
15. Birthplace Md.

16 (a) Informant Miss Ida Pearson
(b) Address 1521 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Bolt
(b) Address 1209 St. Paul St

MAY 12 1942 (Date registered) Huntington Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 12:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Z Wallenmeier M.D.
Medical Examiner.
Date signed 5-14-42

VS 6

F 92116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92116 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2126 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2126 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Catherine G. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4 - 1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	9	5		

9. Birthplace Elkton Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Lemmy
13. Birthplace Elkton Md

MOTHER
14. Maiden Name Mary G. Smith
15. Birthplace Elkton Md.

16 (a) Informant Harry Smith
(b) Address 2126 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Johnson
(b) Address 2101 Frederick Ave.

MAY 12 1942 Huntington Williams M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1942, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942, to May 9 1942, and that I last saw h.e.r alive on May 6 1942.

Immediate cause of death: Carcinoma of colon with metastasis — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 5-3-1941 last operation
Major findings of operation: 5-3-1942 Carcinoma of Colon (sigmoid) with metastasis
Was there an autopsy? No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. C. Brantigan M. D.
Address 1044 W Madison Date signed 5-11-42

correct age is especially important. Physicians: please write the

VS 3

F 92117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Springdale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~Town~~ Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Thornhill Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora G. Thomson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Rev Robert Thomson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19th 1859

8. AGE: Years	Months	Days	If less than one day
83	0	2122	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Dodge
13. Birthplace Holliswell, Maine

MOTHER
14. Maiden Name Mary Gilman
15. Birthplace Unknown

16 (a) Informant James L. Hinds
(b) Address 304 Thornhill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director McClean Cook
(b) Address 6417 St. Paul St

19 (a) (Date rec'd by registrar) MAY 12 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1942, at 10:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1941 to 5/10 1942 and that I last saw her alive on 5/10 1942

Immediate cause of death: (a) Cerebral Thrombosis — Duration: 24 hrs.
Due to:
Due to:
Other Conditions: Arteriosclerotic Heart Disease — Duration: 2
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers
Address 4108 Liberty Hts Date signed 5/11/42 M.D.

VS 2

correct age is especially important. Physicians please write the

F 92118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m05da
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 143 W. Hamburg St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HENRY BABB

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 14 3725

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1892

8. AGE: Years	Months	Days	If less than one day
49	11	8	hr. min.

9. Birthplace Sol Hampton Co., Va.
(Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business

FATHER
12. Name William H. Babb
13. Birthplace So. Hampton Co., Va.

MOTHER
14. Maiden Name Frances Gillam
15. Birthplace S. Hampton Co., Va.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hanover

18 (a) Funeral director A. J. Stabler
(b) Address 4907 York Road

19 MAY 12 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1942, at 7:45a.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4, 1942, to May 9, 1942, and that I last saw him alive on May 9, 1942.

Immediate cause of death Tuberculous peritonitis — Duration Unk.

Due to

Due to

Other Conditions Tuberculosis of lungs and pleura — Unk.
(Include pregnancy within 3 months of death)

Date of operation 3/19/42 Protoscopy;

Major findings of operation Paracentesis; 4/2;4/13;4/22;

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/11/42

correct age is especially important. Physicians: please

VS 8

F 92119 × F 92119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo8da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo.8da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County
(c) City or town Lansing (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~ex~~ 624 N. Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLYDE BAKER MANAGH

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 275 14 0986

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Sylvia Geisel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	1	23		

9. Birthplace Eaton, Michigan (Town, county, and state)
10. Usual Occupation Coal Passer
11. Industry or business

FATHER
12. Name John Managh
13. Birthplace New York

MOTHER
14. Maiden Name Mary Baker
15. Birthplace Michigan

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director A. R. Shuler
(b) Address 4907 York Road

19 (a) MAY 9 1942 H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1942, at 11:40a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1941 to May 8, 1942, and that I last saw him alive on May 8, 1942.

Immediate cause of death Hemorrhage from rt. carotid artery — Duration: Terminal

Due to Infection and necrosis of rt. carotid — Duration: Unk.

Due to Carcinoma of larynx treated with radiation — Duration: 10 mo.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/1/42; 4/23/42.
Major findings of operation: Tracheotomy; Laryngofissure; Sequestrectomy of right hemilarynx
Date of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. de Cleron.
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/9/42

correct age is especially important. Physicians, please write plainly.

VS 8

F 92120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 92120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Stout & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 Bangor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Reese

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife: John A. Reese
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1854

8. AGE: Years	Months	Days	If less than one day
87	9	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name	John
FATHER 13. Birthplace	Europe
MOTHER 14. Maiden Name	Henrietta
MOTHER 15. Birthplace	Europe

16 (a) Informant Mrs. Amos Heller
(b) Address 2736 Alderwood Rd, English Counsel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory Western
Funeral William J. Tickner and Sons.
18 (a) Funeral director North and Pa. Aves.
(b) Address

19 (a) MAY 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1942, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1942, to 5/11 1942, and that I last saw h[illegible] alive on 5/11 1942.

Immediate cause of death	Duration
Broncho pneumonia	3 days
Due to Fracture left hip	14 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4/25 at 2:?? M
(c) Where did injury occur? Bath (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell from a chair

23. Signature J. A. Hunter M.D.
Address St Agnes Hosp Date signed 5/11 M. D.

Howard J. Malders, M.D. Res V.F.

VS 3

correct age is especially important. Physicians: please write plainly

F 92121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92121 Registered No. 125a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Kearney

3 (b) If veteran, name War —

3 (c) Social Security Account No. 212-07-1963

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 14 - 1897

8. AGE: Years	Months	Days	If less than one day
44	4	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state) Colored

10. Usual Occupation Laundry work Elgmont

11. Industry or business Ordnance Dept. U.S.A

FATHER
12. Name William Joseph Kearney
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Barbara Black
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Margaret Kearney
(b) Address 1925 N. Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner and Sons.
(b) Address North and Pa. Aves.

19 (a) MAY 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-1942, at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Pneumonia	
Due to (b) Acute (~~Lobar~~) pneumonia	
Due to (c)	
Other Conditions Acute pneumonia of Right Lung. Pulmonary Tuberculosis. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moseley M.D. Medical Examiner.
Date signed 5-11-42

correct age is especially important. Physicians, please write plainly.

VS 6

F 92122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 92122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E. 30th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. 30th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Newton

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-10-6852

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Maude Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1873

8. AGE: Years	Months	Days	If less than one day
69	3	10	hr. min.

9. Birthplace: Canada (Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business: Tuscan Iron Co

FATHER
12. Name: Frederick Newton
13. Birthplace: Canada

MOTHER
14. Maiden Name: Isabelle Leggett
15. Birthplace: Canada

16 (a) Informant: Wife
(b) Address: Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1942 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Md.

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves

19 (a) (Date rec'd by registrar) (b) , Registrar

MAY 12 1942 Huntington Hillcrest, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to May 10 1942 and that I last saw alive on May 9 19

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hour
Due to Arteriosclerosis	2 years
Due to Hypertension	2 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Lemmon M. D.
Address 4209 Gatewood Rd Date signed May 11

correct age is especially important. Physicians, please answer all questions.

F 92123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V181

F 92123

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklyn Sq. Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) No. 2102 Rupp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Samuel Zuckerman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy Zuckerman
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 9-30-12

8. AGE: Years	Months	Days	If less than one day
29	7	11	hr. min.

9. Birthplace Scranton, Penna. (Town, county, and state)
10. Usual Occupation Decorator
11. Industry or business Bond Bakery

FATHER
12. Name Benj. Zuckerman
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Fillit
15. Birthplace Russia

16 (a) Informant Dorothy Zuckerman
(b) Address 2102 Rupp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location German Hill Rd.

18 (a) Funeral director Isaac Lewis Sons
(b) Address 1431 E. Baltimore St

19 (a) MAY 12 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 7:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942 to May 11 1942 and that I last saw h[illegible] alive on May 11 1942

Immediate cause of death
2-2 a 3-2 Lepra Burns — Duration 2 days
Due to Explosion of cleaning fluid
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 9, 1942
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? [illegible]
(e) Means of injury Explosion of cleaning fluid

23. Signature Louis L. Goodman M.D.
Address Franklin Sq. Hosp. Date signed 5/11/42

VS 3

Howard J. Maldeis, M.D. Del. M.E.

F 92124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 92124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home, Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 Putney Way, Homeland (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY JOSEPH LAWSON

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Riedel Lawson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 5.1868

8. AGE: Years 73 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (City, county, or state)

10. Usual Occupation Leverman-Penna R.R.

11. Industry or business Retired

FATHER
12. Name Bennett Riley Lawson-deceased
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Bowling-deceased
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Howard Jurgens (Daughter)
(b) Address 5219 Putney Way, Homeland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14.1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 Filed MAY 12 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1942 to 5-10 1942 and that I last saw him alive on 5-11 1942

Immediate cause of death Cerebral Embolism

Duration

Due to Adenocarcinomatosis Generalized. —

Due to Adenocarcinoma of Stomach —

Other Conditions Pneumonia & Chronic Enteritis

(Include pregnancy within 3 months of death)

Date of operation April 15

Major findings of operation: Generalized Adenocarcinomatosis

of autopsy: Carcinoma of Stomach

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vernon H. Townsend M. D.
Address Church Home Hosp. Date signed 5-11-42

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 92125 73617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 92125
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mon
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Fleet St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Sosnowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-2632

4. Sex	5. Color or race	6 (a) Single, [illegible]
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28th, 1907

8. AGE: Years	Months	Days	If less than one day
34	5	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business

FATHER
12. Name Marian Sosnowski
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth Maciejewski
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Frank W. Ozarowski
(b) Address 1930 Eastern Ave

19 (Date rec'd by registrar) MAY 12 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1942 at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1942 to 5-10 1942 and that I last saw h[illegible] alive on 5-10 1942

Immediate cause of death	Duration
Pulmonary tbc.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Ca at lows

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-11-42

correct age is especially important. Physicians please write plainly.

F 92126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Jefferson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5A

3 (a) FULL NAME Tempie Eggleston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife York

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1892

8. AGE: Years	Months	Days	If less than one day
50	2	9	hr. min.

9. Birthplace Meherrin Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant York Eggleston Jr.
(b) Address 1904 Eldorado St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)

(c) Cemetery or crematory
Location Keysville Va.

18 (a) Funeral director Mrs R. A. Elliott Dgt.
(b) Address 1129 N. Carrollie St Huntington Williams, W. Va.

19 (a) MAY 12 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-42 19 , at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1942 to 5-10 1942, and that I last saw her alive on 5-10 1942.

Immediate cause of death Cardiac Insufficiency

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 5/11/42

VS 3

correct age is especially important. Physicians: please write plainly and fill out completely.

F 92127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 92127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or incorporate, write RURAL and give name)
(d) Street No. W. 1236 E Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4, 1911

8. AGE: Years	Months	Days	If less than one day
30	9	5	hr. min.

9. Birthplace Virginia (Town, county, state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Hardy
13. Birthplace Va

MOTHER
14. Maiden Name Addie Hall
15. Birthplace Va

16 (a) Informant Blanche Hardy
(b) Address 1236 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A County Md

18 (a) Funeral director Mrs P. A. Ellwood Dept
(b) Address 1129 N. Carlton St

19 (a) MAY 12 1942 (To be filled in by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 10 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 25/6
(b) Date of occurrence May 9 1942 at 2:40 P M
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specify type of place) While at work? Yes
(e) Means of injury fell into water head at

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 11 1942

VS 6

correct age is especially important. Physicians: please write plainly, using ink

F 92128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 92128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 1828 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK WETZ

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1896

8. AGE: Years	Months	Days	If less than one day
46	3	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name Jacob Wetz
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Schaefer
15. Birthplace Germany

16 (a) Informant Mrs. May Wetz
(b) Address 1828 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O. Donnell St.
Clarence F. Hoffmann

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) MAY 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1942 at 6a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Partial transection of spinal cord — Duration
Due to fracture of 8th dorsal
Due to vertebra
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 9 1942 at M
(c) Where did injury occur? Edgewood Grade Harford Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? Yes
(e) Means of injury Carrying heavy sills —
23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 5-9-42

VS 6

clipped & pd to Kane

F 92129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6229 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6229 Belair Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN H. RASPE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Margaret Raspe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1864

8. AGE: Years	Months	Days	If less than one day
77	9	3	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Filling Station Operator
11. Industry or business

FATHER
12. Name Henry Raspe
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Elizabeth Milchling
15. Birthplace Germany

16 (a) Informant Mr. Raspe
(b) Address 6229 Belair Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Luth.
Location Balto., Md.

18 (a) Funeral director Lasanka Funeral Home
(b) Address 7401 Belair Road

19 MAY 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1942, at 1:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/28 1938 to 5-10 1942 and that I last saw him alive on 5-8 1942

Immediate cause of death: Chronic Myocarditis — Duration: Unknown
Due to Coronary arteriosclerosis — Duration: Unknown
Due to — Duration:
Other Conditions Senility — Duration: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Macken
Address 630 Belair Rd. Date signed 5/11/42

correct age is especially important. Physicians: please write

VS 8

F 92130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 92130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Barthrope

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Ethel Barthrope

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 3/22/1892

8. AGE: Years 50 | Months 1[illegible] | Days 17 | If less than one day hr. min.

9. Birthplace Mason North Carolina (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name John Barthrope

13. Birthplace Mason North Carolina

MOTHER 14. Maiden Name Alice Baskerville

15. Birthplace Mason North Carolina

16 (a) Informant Ethel Barthrope

(b) Address 1302 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore city

18 (a) Funeral director Joseph A. Lively

(b) Address 4 & 6 North Mount Street

19 (Date received) MAY 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1942, at 5:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15/1942 to 5/9/1942, and that I last saw h[illegible] alive on 5/9/1942

Immediate cause of death

Chronic Brights Disease — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams

Address 4 & 6 W. Biddle St. Date signed 5/11/42

correct age is especially important. Physicians, please

VS 3

F 92131 BALTIMORE CITY HEALTH DEPARTMENT F 92131

CERTIFICATE OF DEATH 117-6

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Dundalk.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 5 9 87

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation "

11. Industry or business "

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Dundalk Police
(b) Address Dundalk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (month) (day) (year)

(c) Cemetery or crematory Parkmont
Location 16th St. Highlandtown

18 (a) Funeral director John J. Connolly
(b) Address 418 Eastern Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1942 to May 9 1942
and that I last saw h[illegible] alive on May 9 1942

Duration

Immediate cause of death Bronchial pneumonia

Due to Cardiac decompensation

Due to Hypertensive C.V. disease

Other Conditions Perforated duodenal ulcer generalized peritonitis
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Above

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W J Reed M. D.
Address Maryland Hospital Date signed 5-12-42

PLEASE WRITE PLAINLY with pen or pencil. Physicians: please write the causes of death clearly and correct age is especially important.

F 92132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

F 92132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Potomac Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert (Snow) E. Carroll

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Elevator Helper

11. Industry or business

FATHER
12. Name Henry P. Snow
13. Birthplace Missouri

MOTHER
14. Maiden Name Marie Keefe
15. Birthplace D.C.

16 (a) Informant Henry P. Snow
(b) Address 1619 Potomac Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof MAY 12 1942 (month) (day) (year)
(c) Cemetery or crematory Removed to Washington, D.C.
Location

18 (a) Funeral director Timothy Hanlon
(b) Address 641 H St. N.E. Washington D.C.

19 (a) MAY 12 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 at 6:10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-9-42 at 10 P.M.
(c) Where did injury occur? Alley rear 1725 Freeman (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Struck on head with bottle.

23. Signature Howard J. Cleaveland M.D. Medical Examiner.
Date signed 5-11-42

Correct age is especially important. Typewrite or print plainly with pen and ink.

VS 6

F 92133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-0 F 92133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Cumberland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Md
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Cumberland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Silghman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/74

8. AGE: Years 68 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Pumkin
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Richard Silghman
(b) Address 604 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A.M.E. Md

18 (a) Funeral director Sarah L Saunders
(b) Address 108 W Monument St

19 MAY 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1942 at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1942 to 5/9 1942, and that I last saw h[illegible] alive on 5/9 1942.

Immediate cause of death: Acute Dilatation,

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.
Address [illegible] Date signed

VS 2

correct age is especially important for persons under 1 year of age

F 92134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 92134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4710 Greenhill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael B. Mann (Birth F 48916)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-42

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name LeRoy B. Mann
13. Birthplace Pa

MOTHER
14. Maiden Name Margaret A. MacIlvain
15. Birthplace Pa

16 (a) Informant LeRoy B. Mann
(b) Address 4710 Greenhill Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Leonard Murph
(b) Address 1 Hanford Rd

19 (Date rec'd by registrar MAY 12 1942) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1942, at 4 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intracranial hemorrhage of newborn — Duration: 1 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Muse Jr. M.D. (Medical Examiner)
Date signed May 12, 1942 Medical Investigator

correct age is especially important. Physicians please write plainly.

VS 6

F 92135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1406

F 92135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1603 E. Lafayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OLIVE WILLIAMSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-7952

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Freedom J. Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1904

8. AGE: Years	Months	Days	If less than one day
38	-	6	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Hutzler Bros.

FATHER
12. Name James W. Moore
13. Birthplace W. Va

MOTHER
14. Maiden Name Mary E.
15. Birthplace Penn.

16 (a) Informant Phoebe N. Shaw
(b) Address 200 S. Loudon Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director E. Kenworth Ford Donovan
(b) Address 3615-17 Eastern Ave

19 (Date received by Registrar) MAY 12 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 5 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia lobular	
Due to Septicaemia	
Due to Incomplete abortion	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 5-11-42

correct age is especially important. Typewriter, please write the name

VS 6

92136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered F 92136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Argyle Ave (Number and street or location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Morris (Birth F-48784)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1942

8. AGE: Years | Months | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

MOTHER / FATHER
12. Name William Kittrell
13. Birthplace North Carolina
14. Maiden Name Annie Morris
15. Birthplace North Carolina

16 (a) Informant Wm Kittrell
(b) Address 1327 Dunbar St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 1942

18 (a) Funeral director Commissioner of Health
(b) Address For E. L. Moore

19 (a) MAY 12 1942 (Signature of local registrar) Hunting ton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at 1805 G.M.T.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 9 1942 and that I last saw her alive on May 9 1942

Immediate cause of death Congenital Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Pecktine M.D.
Address Provident Hosp. Date signed 5/10/42

correct age is especially important. Physicians, please

VS 3

5088

92137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 92137
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1804 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Harlem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 4

3 (a) FULL NAME Margaret Elizabeth Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter M. Atkinson

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 28-1885

8. AGE: Years	Months	Days	If less than one day
56	10	12	hr. min.

9. Birthplace Onancock, Virginia
(Town, county, and state)

10. Usual Occupation Confectioner

11. Industry or business

FATHER
12. Name John Thomas Hart
13. Birthplace Onancock Virginia

MOTHER
14. Maiden Name Nancy S. Grey.
15. Birthplace Onancock, Va.

16 (a) Informant Walter M. Atkinson
(b) Address 1804 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-1942 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location Baltimore-Md.

18 (a) Funeral director Mamie C. Syfer
(b) Address 1600 W. North Ave

19 (Signature and title) MAY 12 1942 Huntington Williams, M.D.
Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 - 1942 at 9 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and examination thereof and from the evidence obtained by said (Autopsy or Inquiry) inquiry and (Autopsy or Inquiry) examination find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed May 11 1942.

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 92138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4217 Belvieu Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4217 Belvieu Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rae O. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Chas. F. Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1889

8. AGE: Years 57 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thos. S. Gorsuch
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Agnes O. Heine
15. Birthplace Balto. Md.

16 (a) Informant Clarence Martin
(b) Address 4217 Belvieu Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) (b)
MAY 12 19[illegible]
Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1942, at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1910 to May 10 1942 and that I last saw h~~er~~ alive on May 8 1942.

Immediate cause of death Pernicious anaemia

Due to Gen. weakness from cerebral anaemia, hypostatic pneumonia and adhesive pleurisy & bronchitis

Due to

Other Conditions Hypostatic pneumonia & adhesive pleurisy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Hayward M. D.
Address 115 E. Eager St. Date signed 5/12/42

correct age is especially important. Physician, please write plainly.

92139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 Cadley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-7

(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Elizabeth (Widemann) Widerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Walter Emory Widerman

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) November 14, 1862

8. AGE: Years 79 | Months 5 | Days 27 | If less than one day: hr. min.

9. Birthplace Frederick County, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Rinehart
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Penn
15. Birthplace Maryland

16 (a) Informant Mr. Walter E. Widerman
(b) Address 1517 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address [illegible] W. Baltimore St.

19 MAY 12 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1942, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 42 to May 11 1942 and that I last saw h alive on May 11 1942

Immediate cause of death: Cardiac failure — Duration: 5 years

Due to: Arteriosclerosis C.V.D.

Due to:

Other Conditions: Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schofield M. D.
Address 2301 Annapolis Road Date signed

VS 3

Please write plainly. Physicians: please write the cause of death very carefully and report correct age is especially important.

F 92140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. F 92140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 N. Bille St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 118 N. Bille St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Clark Johnson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Wyeth P. Johnson

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 10, 1889

8. AGE: Years 52 | Months 10 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business

FATHER
12. Name William H. Clark
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Sarah L. Hughes
15. Birthplace Cambridge Md.

16 (a) Informant Myrtle Clark Watson
(b) Address 118 N. Bille St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/13/42 (month) (day) (year)

(c) Cemetery or crematory
Location Cambridge Md.

18 (a) Funeral director Joseph Young
(b) Address 804 E. Caroline St

19 (a) MAY 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942, to May 10 1942, and that I last saw h alive on May 10 1942.

Immediate cause of death
Chronic Nephritis (Uremia) Duration 2 mos. 14 yrs.

Due to

Due to

Other Conditions Valvular heart disease, marked hypertension 1 yr.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1424 E. Monument St Date signed 5/12/42

correct age is especially important. Typewriting, preferred.

VS 3

F 92141 T.N. 73726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 92141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel C Peck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) ~~Single~~, married, ~~widowed, divorced~~

6 (b) Name of husband or wife Hester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1873

8. AGE: Years 69 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Daniel Peck

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location

18 (a) Funeral director Robert L. Greene

(b) Address 804 N. Carrollton Ave

19 (a) MAY 13 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1942, at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1942 to 5-11 1942, and that I last saw ~~him~~ alive on 5-11 1942.

Immediate cause of death

Uremia

Due to Prostatic Hypertrophy

Due to

Other Conditions Arteriosclerotic C-V Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: days, over 7

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Dobbs M.D.

Address Balto City Hosp Date signed 5-12-42

correct age is especially important. Physicians: please write the cause of death very plainly.

F 92142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190 F 92142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Rural - Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robt. Holmes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	5		hr. min.

9. Birthplace Elkton - Cecil - Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Geo. Holmes
13. Birthplace Ind.

MOTHER
14. Maiden Name Myrtle Shuman
15. Birthplace Ind.

16 (a) Informant Myrtle Holmes
(b) Address R.D. 1 - Elkton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-42 (month) (day) (year)
(c) Cemetery or crematory
Location Elkton, Md.

18 (a) Funeral director Leonard Mowbray
(b) Address 5 S. E. - North Ave.

19 (a) (b)
Registrar

MAY 13 1942 Huntingdon, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 12 1942 and that I last saw him alive on May 12 1942

Immediate cause of death Gastro Enteritis — Duration

Due to —

Due to —

Other Conditions Cleft Palate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations Cleft Palate

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. K. Walker M.D.
M. D.
Address University Hospital Date signed
Baltimore, Md 5-12-42

PLEASE WRITE PLAINLY, with pen and ink. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 92143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 S. Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 S. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Bush

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31-1865

8. AGE: Years 76 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Gertrude Bush
(b) Address 627 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co. Md

18 (a) Funeral director James A. Hayes
(b) Address 142 W. Lees St

19 MAY 13 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 at 10.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to May 11 1942, and that I last saw him alive on May 11 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 wks
Due to: Hypertensive Cardio-Renal Disease
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature H. Williams M.D.
Address 808 N. Fremont Ave Date signed May 12

VS 3

If correct age is especially important. Physicians: please write

F 92144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 92144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 665 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel H. Carroll 72745

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	sep.

6 (b) Name of husband or wife Mabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1892

8. AGE: Years	Months	Days	If less than one day
49	11	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Doctor
11. Industry or business

FATHER
12. Name Nathaniel
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-42 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem
Location

18 (a) Funeral director James A. Hayes
(b) Address 1142 Wolfe St

19 (a) MAY 13 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1942, to May 11 1942, and that I last saw h im alive on May 11 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 yrs.
Due to	
Due to	
Other Conditions tbc. laryngitis	4 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Gatchell M. D.
Address Balto. City Hosp. Date signed 5-12-42

Please correct age is especially important. Physicians: please write the exact

Gridini

F 92145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30R

F 92145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos. or days) 27 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Royston Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Gridini

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Gridini

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1879

8. AGE: Years 62 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Russia (Town, county, or state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jonas Abramovitch
13. Birthplace Russia

MOTHER
14. Maiden Name Anna ?
15. Birthplace Russia

16 (a) Informant Mrs Kathy Katz
(b) Address 1727 Bruck Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Wm Lehmann & Bro
(b) Address 1824-26 W. North ave
MAY 13 1942 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1942 2nd PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-1942 to 5-12-1942 and that I last saw h[illegible] alive on 5-12-1942.

Immediate cause of death Pneumonia — Duration

Due to Syphilis

Due to

Other Conditions Hypertension C.V.D.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 5-13-42 (M. D.)

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important.

VS 8

F 92146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862

Registered No. 92146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD + CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO
(c) City or town PIKESVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. COURT ROAD (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE McLEAN SHRIVER

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Elizabeth Chiam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 5, 1868

8. AGE: Years 74 | Months 3 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace NEW JERSEY (Town, county, and state)

10. Usual Occupation EXECUTIVE B+O RR.

11. Industry or business

FATHER
12. Name MR SAMUEL SMITH SHRIVER
13. Birthplace PENN.

MOTHER
14. Maiden Name CAROLINE McCLUSKEY
15. Birthplace PENN.

16 (a) Informant Chas M. Shriver
(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)

(c) Cemetery or crematory Loraine
Location Randallstown Md

18 (a) Funeral director Howard C. Mitchell Sons
(b) Address 900 Eutaw Place

19 (a) MAY 12 1942 (b) Huntington Williamsport, Md.

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 11 1942 at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR 20 1942 to MAY 11 1942 and that I last saw him alive on MAY 10 1942.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 5 MIN.

Due to HYPERTENSION & ARTERIO SCLEROSIS

Due to

Other Conditions FRACTURED VERTEBRA — 1 MONTH

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 6 1942 M
(c) Where did injury occur? Baltimore MD (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall downstairs

23. Signature Howard Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 5/11/42

Howard J. Opdyke, M.D. Act. S. M. E.

correct age is especially important. Typewrite or print plainly in ink.

F 92147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

F 92147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave.
(c) Hospital or institution: CHILDREN'S HOSPITAL SCHOOL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 YRS.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 W. LEXINGTON ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH MITCHELL, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-23

8. AGE: Years	Months	Days	If less than one day
19	1	1	hr. min.

9. Birthplace CHARLESTOWN, S.C. (Town, county, and state)
10. Usual Occupation STUDENT
11. Industry or business

FATHER
12. Name JOSEPH MITCHELL
13. Birthplace CHARLESTOWN, S.C.

MOTHER
14. Maiden Name JULIA DANETT
15. Birthplace CHARLESTOWN, S.C.

16 (a) Informant FATHER - JOSEPH MITCHELL
(b) Address 1603 W. LEXINGTON ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 522 N. Schroeder St.

19 MAY 13 1942 Huntington Williams, M.D. (Date rec'd by registrar)

VS 8

correct age is especially important. Physicians: please write in ink and

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/42 19 , at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10/42 19 , to 5/11/42 19 , and that I last saw him alive on 5/10/42 19 .

Immediate cause of death RESPIRATORY FAILURE — Duration 24 HRS.

Due to GENERAL DEBILITY — 6 YRS.

Due to PTB DISEASE OF LUMBAR SPINE — 9 YRS.

Other Conditions HYDROCEPHALUS — 6 YRS.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David K. Talbot, M. D.
Address Children's Hosp. School. Date signed 5/11/42

F 92148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

F 92148 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2243 Coldspring Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Buchbad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Aloysius J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/87

8. AGE: Years	Months	Days	If less than one day
68	7	30	hr. min.

9. Birthplace Md. (City, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Not Available
13. Birthplace Germany

MOTHER
14. Maiden name Barbara Bauberein
15. Birthplace Germany

16 (a) Informant J. P. Markell
(b) Address 1633 16 Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Baltimore Md

18 (a) Funeral director Geo. A. Kane & Sons
(b) Address Fulton & Laurens

19 (a) (Date received by local registrar) MAY 13 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1942, to 5/11 1942, and that I last saw h.e.r alive on 5/11 1942.

Immediate cause of death: Carcinoma of Gall Bladder — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/24/1942

Major findings of operation: Ca. of G.B.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Devyr M. D.
Address 5 Agnes Way Date signed 5/11

correct age is especially important. Physicians: please write the cause of death plainly

F 92149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 F 92149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2130 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Knapp

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Rosa Knapp
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 16, 1866

8. AGE: Years	Months	Days	If less than one day
75	4	25	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Upholsterer - Retired
11. Industry or business:

FATHER
12. Name: Daniel Knapp
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Olivia Thomas
15. Birthplace: Pa.

16 (a) Informant: Estella Whittington
(b) Address: 2130 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: Mr. & Mrs. John W. Tingle & Son
(b) Address: 1911 W. Fayette St.

19 (a) MAY 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1942 to 5-11 1942 and that I last saw him alive on 5-11 1942.

Immediate cause of death: a. Cerebral hemorrhage — Duration: week
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. B. Cruserus M. D.
Address: 110 S. Longwood Date signed: 5-13-42

correct age is especially important. Physicians, please cooperate.

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F 92150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E Registered No.

F 92150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 Raspe Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Raspe Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis C. Vogt.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-09-9709

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lottie F. Vogt.

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec 15. 1887

8. AGE: Years 59 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Collector + Salesman

11. Industry or business Greenbaum's Jewelers

FATHER
12. Name Louis C. Vogt.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Nagel
15. Birthplace Baltimore Md.

16 (a) Informant Lottie F. Vogt
(b) Address 4210 Raspe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Balto Co.

18 (a) Funeral director Mrs. Mrs. John W. Trifelo Son
(b) Address 601 W. Lafayette St.

19 (a) (Date received) MAY 13 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to May 12 1942 and that I last saw h alive on May 11 1942.

Immediate cause of death: Metastatic Carcinoma of Left Testis — Duration

Due to: Primary - Descending Colon

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury

23. Signature Medical Examiner

Address 1407 Bolton St. Date signed 5-13-42

correct age is especially important. Physicians, please write plainly.

F 92151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 92151 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Joyce 73499

3 (b) If veteran, name war

3 (c) Social Security Account No. ? Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Seperated

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 16 1886

8. AGE: Years	Months	Days	If less than one day
55	8 7	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Joyce
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 14 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Hahn
(b) Address 4 [illegible] Hilaire

19 (a) MAY 13 1942 (b) Registrar

VS 3

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1942 at 5 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1942 to 5-12 1942 and that I last saw h[illegible] alive on 5-12 1942.

Immediate cause of death	Duration
Spontaneous pneumothorax	4 days
Due to Pulmonary tbc.	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-12-42

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

F 92152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 92152

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maceo Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace Winston Salem, N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Jay Smith, Jr.
13. Birthplace North Carolina

MOTHER 14. Maiden Name Sadie Young
15. Birthplace North Carolina

16 (a) Informant Mary Smith
(b) Address 736 W Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) MAY 13 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 10 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 9 1942 at 2 P.M.
(c) Where did injury occur? Baltimore Patapsco River (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor While at work? yes (Specify type of place)
(e) Means of injury Fell into water

23. Signature Robert Lee Fralster M.D. Medical Examiner.
Date signed May 11 1942

Registrar.

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 92153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83w F 92153

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2009 Greenmount Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Tolara Rosso

If U. S. Veteran specify WAR

(a) Residence: No. 2009 Greenmount Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rosso

6. DATE OF BIRTH (month, day, year) July 1 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu - Italy

FATHER

13. NAME Filippo Rosso

14. BIRTHPLACE (city or town) (State or country) Cefalu Italy

MOTHER

15. MAIDEN NAME Giovanna Verdesame

16. BIRTHPLACE (city or town) (State or country) Cefalu Italy

17. INFORMANT Mary Rosso (wife)

(Address) 2009 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holdy Redmen Cem. Date May 15 1942

19. UNDERTAKER Joseph Farace Inc

(Address) 2013 Greenmount ave

20. FILED MAY 13 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1942 to May 10, 1942.

I last saw h[illegible] alive on May 10 1942. Death is said to have occurred on the date stated above, at 10 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Exhaustion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luigi D. DiStefano M. D.

(Address) 4074 Eastern

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 92154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered No. F 92154

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Huntington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Huntington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME WALTER M. MULLIGAN

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 705-10-8937

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva M. Mulligan

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) April 28-1891

8. AGE: Years 51 | Months 0 | Days 14 | If less than one day: hr. min.

9. Birthplace: Harford Co Md (Town, county, and state)

10. Usual Occupation: R.R. Engineer

11. Industry or business: Railroad

FATHER
12. Name: Wm. Mulligan
13. Birthplace: Md

MOTHER
14. Maiden Name: Alice Ayers.
15. Birthplace: Md

16 (a) Informant: Mrs Eva M. Mulligan
(b) Address: 2907 Huntington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-14-42 (month) (day) (year)
(c) Cemetery or crematory: Balto-National
Location: Balto Md

18 (a) Funeral director: Geo L. Boyer Jr
(b) Address: 1517 Hollins St

19 (a) MAY 13 1947 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1947 at 8 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging by rope — Duration:

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: May 12, 1947 at a.m. M
(c) Where did injury occur? Same address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury: Hanging

23. Signature: H. L. Williams M.D.
Medical Examiner.

Date signed: 5-12-47

VS 6

correct age is especially important. Physicians: please write the cause of death legibly.

F 92155

E.S. (70756)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92155

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital

3-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucius Ens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1895

8. AGE: Years	Months	Days	If less than one day
46	6	26	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia ? (d)
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklandville

18 (a) Funeral director Edwin C Wilson
(b) Address 1600 Guilford Ave

19 MAY 13 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1942 at 4 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1941, to 5-11 1942, and that I last saw him alive on 5-11 1942.

Immediate cause of death: Uremia — Duration: 3 days

Due to: Cardiac failure — Duration: ?

Due to: Hypertensive cardiovascular disease — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Co about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Carlton M. D.

Address Balto. City Hosp Date signed 5-11-42

VS 3

Physicians: please write the cause or causes in each category. Information is especially important. correct age

F 92156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 92156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Hanbow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Saul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 44 Months Days If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Cooper
13. Birthplace Russia

MOTHER
14. Maiden Name Jenny
15. Birthplace Russia

16 (a) Informant Hospt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Saul Lewis Inc
(b) Address 1437 E. Balto. St.

19 MAY 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 19 42 to May 12 1942 and that I last saw her alive on May 12 19 42

Immediate cause of death
Metastatic Carcinoma (mucus cell) - Duration 7
Due to hip & supra-clavicular lymph nodes -
Due to primary site not discovered
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Apr 27, 1942
Major findings of operation: metastatic - mucus cell carcinoma supra-clavicular node
~~Autopsy~~:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Berman M. D.
Address Sinai Hospital Date signed 5/12/42

Please write the cause of death correctly and correct age is especially important. Physicians: please write

F 92157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

F 92157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Harry
13. Birthplace Russia

MOTHER 14. Maiden Name Gertrude
15. Birthplace Russia

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad & Hamilton Ave

18 (a) Funeral director Jos Levy Son
(b) Address 1439 E. Balto St

19 (a) MAY 13 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 42, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 19 42 to May 13 19 42, and that I last saw h im alive on May 13 19 42.

Immediate cause of death Pulmonary Edema

Due to Carcinoma of Bronchus i extension metastases.

Due to

Other Conditions Old Bronchiectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca Bronchus, Bronchiectasis, Pulm Edema

Duration
6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lorena Cohen
Address Sinai Hosp. Date signed 5/13/42 M. D.

VS 2

Please correct age is especially important. Physicians: please write the cause of death clearly.

F 92158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 92158

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5704 Berkley Ave
(c) Hospital or institution:

27-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5704 Berkley AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B. Webster Sr.

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — none

4. Sex Male
5. Color or race White
6 (a) ~~Single, married, widowed, or divorced~~ Widowed
6 (b) Name of husband or wife Margret Webster
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 3/12/1867
8. AGE: Years 74 Months 10 Days 12 — If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Painter Retired
11. Industry or business House Painting

FATHER
12. Name John Thomas Webster
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Brooks
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Violet Webster
(b) Address 5704 Berkley Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.
18 (a) Funeral director Wm. J. Hickey & Sons
(b) Address North & La. Aves.
19 (a) MAY 18 1942 (b) Registrar
Huntington Williams M.D.

VS 2

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 at 11:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942, to May 11 1942, and that I last saw him alive on May 11 1942.
Immediate cause of death Uremia
Coma
Due to Nephritis and arterio Sclerosis
Due to age
Other Conditions Partial Paral. Yes
(Include pregnancy within 3 months of death)
Duration 2 days
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Sherman Williams M.D.
Address 2601 Manhattan Ave. Date signed 5/12/42

F 92159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92159

Registered No. 184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. none Berryman's Lane
(If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Winters

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 1942

8. AGE: Years	Months	Days	If less than one day
9	8	10	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Homer Winters
13. Birthplace Westminster

MOTHER
14. Maiden Name Edna May Winters (German)
15. Birthplace Baltimore

16 (a) Informant William Homer Winters
(b) Address Reisterstown 5/15/42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1942 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem
Location Reistertown Md

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) MAY 13 1942 (b) Huntington Williams, M.D.
(Date received by registrar)
MAY 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 6 00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy and inquiry and find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Internal hemorrhage

Due to bullet wound of liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [redacted] accident
(b) Date of occurrence May 12 1942 at M
(c) Where did injury occur? Reisterstown, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Bullet wound of abdomen

23. Signature Robert Lee Winters M.D.
Medical Examiner.
Date signed May 13 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

F 92160

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 Johansen ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Johansen St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1898

8. AGE: Years	Months	Days	If less than one day
44	3	20	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Frank Smith
13. Birthplace Md

MOTHER
14. Maiden Name Moriah Carroll
15. Birthplace Md.

16 (a) Informant Benjamin Thompson
(b) Address 542 Johansen St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St

19 (a) MAY 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 2:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to hypertensive cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Cu Fraser M.D.
Medical Examiner
Date signed May 13 1942

F 92161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No.

F 92161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland General Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby (Boy) Tovell (Birth F49051)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Maryland General Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Tovell
13. Birthplace Balto. County

MOTHER
14. Maiden Name Eunice Haddon
15. Birthplace Balto. Co.

16 (a) Informant Charles Tovell
(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Balto Co

18 (a) Funeral director J. F. Elliott & Sons
(b) Address Reisterstown Md

19 (a) MAY 13 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 11 29 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942, to May 12 1942 and that I last saw h. alive on May 12 1942

Immediate cause of death Intracranial hemorrhage. — Duration 2 days

Due to Birth trauma.

Due to

Other Conditions Patent Ductus Arteriosus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Sub arachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. Gen. Hosp. Date signed 5/13/42

VS 3

Correct age is especially important for those under 1 year, 5 years, 10 years, 15 years, 20 years, 25 years, 30 years, 35 years, 40 years, 45 years, 50 years, 55 years, 60 years, 65 years, 70 years, 75 years, 80 years, 85 years, 90 years, 95 years, 100 years

F 92162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 92162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials alone. Give residence and usual residence. Be sure to answer each question. Where there is no entry to be made, write "None" or "Unknown" so as to show that no information has been overlooked. Please see that your answers are full and complete and that the certificate is correctly and legibly written. Do not detach any part. Any omission or error will delay burial. Physicians: please write the causes of death clearly and legibly. Be sure that the statement of age is correct. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Rogers Ave W.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 19
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 N. Rogers Ave (If rural, give location)
(e) Citizen of foreign country? ~~Yes~~ or No) If yes, name country

3 (a) FULL NAME Murray Everett ~~Edward~~ Shreeve

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Male	White	

6 (b) Name of husband or wife Ella May Shreeve
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 16 1863

8. AGE: Years	Months	Days	If less than one day
78	6	25	— hr. — min.

9. Birthplace Finksburg Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business —

FATHER
12. Name David Shreve
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Sarah Murray
15. Birthplace Carroll Co.

16 (a) Informant Mrs Wilbur Shreve
(b) Address Reisterstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1942 (month) (day) (year)
(c) Cemetery or crematory Finksburg Cemetery
Location Carroll Co

18 (a) Funeral director J. E. Cline & Sons
(b) Address Reisterstown Md

19 (a) MAY 13 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942, to May 11 1942 and that I last saw h~~im~~er alive on May 11 1942.

Immediate cause of death Coronary occlusion — Duration 3 hours

Due to Arteriosclerosis

Due to old age

Other Conditions Not Known

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Sherman K. Wantz M. D.
Address 2601 Manhattan Ave Date signed 5/11/42

VS 8

F 92163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

415643 157G Registered No. E 92163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Guilford Ave Armstead
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald Bracey (Bonthf 43961)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-42

8. AGE: Years | Months: 3 | Days: 7 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Victor Bracey
13. Birthplace S.C.

MOTHER
14. Maiden Name Eupha Bethea
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 13/1942 (month) (day) (year)
(c) Cemetery or crematory Dillon
Location Dillon, S. Carolina

18 (a) Funeral director John H Donnelly
(b) Address 418 Eastern Ave Balto

19 (a) (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

MAY 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 12 1942 and that I last saw him alive on May 12 1942.

Immediate cause of death: Post operative pneumonia and atelectasis — Duration: three days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5.9.42

Major findings of operation: Repair of hair lip.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Fulcher

Address Johns Hopkins Hosp signed 5.12.42 M. D.

correct age is especially important. Physicians: please write this statement of causes of death plainly.

F 92164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92164 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo20da
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo. 20da.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 13th St., N.W. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS ANNA H. B. KINNEY

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mark H. Kinney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 10, 1873

8. AGE: Years 69 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace: Mount Eden, California (Town, county, and state)

10. Usual Occupation: Senior Clerk

11. Industry or business

FATHER
12. Name: F. Brunstgruen
13. Birthplace: Apenrade, Denmark

MOTHER
14. Maiden Name: Ingeborg Jensen
15. Birthplace: Apenrade, Denmark

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Wash. D. C. (Burial, cremation, or removal) (b) Date thereof May 13/42 (month) (day) (year)
(c) Cemetery or crematory: Wash. D. C.
Location

18 (a) Funeral director: E. Sehloman & Son
(b) Address: 1039 Pennsylvania Ave

19 MAY 13 1942 (Date received) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1942, at 8:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20, 1942, to May 12, 1942, and that I last saw him alive on May 12, 1942.

Immediate cause of death	Duration
Lobar pneumonia, right	5 days
Due to	
Due to	
Other Conditions Non-union of fracture of neck of rt. femur; Nephrolithiasis (Include pregnancy within 3 months of death)	17 mo. 14 yr.

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson, M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/12/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 92165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 92165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 Wendover Road
(c) Hospital or institution: 12-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 79 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Wendover Road (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Harry A. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) August 17, 1862

8. AGE: Years 79 | Months 8 | Days 24 | If less than one day -- hr. --- min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Furniture Dealer

11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane McGuigan
15. Birthplace Ireland

16 (a) Informant Miss M. Loretta Davis
(b) Address 225 Wendover Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 895 N. Calvert Street

19 (a) MAY 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5-41 19--, to 5-11 1942, and that I last saw him alive on 5-11 1942

Immediate cause of death Arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.
Address 36 York Court Date signed 5-12-42

VS 8

Please correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 92166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 ✓

F 92166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 W. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 W. University Parkway (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME John A. Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3658

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel Rice
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1883

8. AGE: Years	Months	Days	If less than one day
59	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Maryland Casualty Co.

FATHER
12. Name Edward A. Hartman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth T. Seidenstricker
15. Birthplace Baltimore, Maryland

16 (a) Informant Willard Hartman
(b) Address 423 Rosebank Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Myers & Son
(b) Address 805 N. Calvert Street

19 MAY 13 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 9 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to May 1942 and that I last saw h/m alive on May 12 1942.

Immediate cause of death Arterio-sclerosis. Hypertension

Duration
2 yrs.
15 yrs.?
16 hours

Due to Aneurism abdom. aorta
Arterio-sclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan B. Herman M. D.
Address 1041 St. Paul Street Date signed 5-12-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

F 92167

415744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 92167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Rice

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 2-5-86

8. AGE: Years	Months	Days	If less than one day
56	3	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Ward Orderly

11. Industry or business

FATHER
12. Name Joseph Rice
13. Birthplace Pa.

MOTHER
14. Maiden Name Virginia?
15. Birthplace Penna

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Broadway Cem
Location Near Hagerstown Md

18 (a) Funeral director A. K. Coffman
(b) Address Hagerstown Md.

19 MAY 13 1942 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942 to May 12 1942 and that I last saw h[illegible] alive on May 12 1942

Immediate cause of death Bronchopneumonia → Duration 36 hrs

Due to Pneumococcus Type XIII

Due to

Other Conditions Subarachnoid Hemorrhage 3 days
Peptic Ulcer
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 13, 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address John Hopkins Hosp Date signed 5/13/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 92168 T.N

73699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 92168 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Siminski

3 (b) If veteran, name war

3 (c) Social Security Account No. 212 10 1042

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Seperated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19th 1894

8. AGE: Years	Months	Days	If less than one day
48	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Balto. Copper Smelting & Rolling Co.

FATHER 12. Name John Siminski
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Cherry
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Luzerne Ave. & Oldfield

18 (a) Funeral director Stefano J. Fialkowski Sons
(b) Address 1000 S. Kenwood Ave

19 (a) MAY 13 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1942 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1942 to 5-11 1942 and that I last saw him alive on 5-11 1942

Immediate cause of death: Cerebral thrombosis
Due to: Pulmonary tuberculosis
Due to:
Other Conditions:

Duration: 1 day
Confirm

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Rathbun M. D.
Address Balto. City Hospitals Date signed 5-12-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski Sts.
(c) Hospital or institution:
Bon-Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Boland

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary M. Boland
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 26, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	15	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Stafford Hotel

FATHER
12. Name John Boland
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Burns
15. Birthplace Ireland

16 (a) Informant Mrs Mary M. Boland
(b) Address 420 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/1942 (month) (day) (year)
(c) Cemetery or crematory St. Charles
Location Pikesville, Md.

18 (a) Funeral director John A. Mosan,
(b) Address 4201 Greenmount Ave.

19 (a) MAY 13 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9- 1942 to 5-11 1942, and that I last saw him alive on 5-11- 1942.

Immediate cause of death	Duration
(a) Arteriosclerotic Heart Disease	
Due to (b) Carcinoma of Sigmoid	over
Due to	
Other Conditions (c)	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —
23. Signature Fred F. Simms M.D.
Address Bon Secours Hosp Date signed 5/11/42

PLEASE WRITE PLAINLY, with unfading ink. Cross out words not applicable. Answer all questions. Give correct age in years. Where exact age is unknown, give approximate age. Where exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 92170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

338

Registered No. F 92170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland ave Monumont.
(c) Hospital or institution:
SINAI HOS.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mons.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. city
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Hewitt Way.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linda Lee Irish

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 3, 1941

8. AGE: Years	Months	Days	If less than one day
1	11	9	hr. min.

9. Birthplace Linton, Indiana
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name HORACE IRISH
13. Birthplace INDIANA

MOTHER
14. Maiden Name FERN RUSHER
15. Birthplace INDIANA

16 (a) Informant HORACE IRISH
(b) Address 1104 HEWITT WAY

17 (a) BURIAL (b) Date thereof MAY 16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LINTON, INDIANA
Location

18 (a) Funeral director Lillard-Zeiler Bros
(b) Address 403 S. Wolfe St.

19 (a) MAY 13 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1942, to May 12 1942, and that I last saw her alive on May 12 1942.

Immediate cause of death	Duration
Influenzal Meningitis	5 wks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert S. Penn M. D.
Address Sinai Hospital Date signed

VS 3

Please correct age is especially important. Physicians: please write the cause of death clearly and legibly.

92171 B-73807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 92171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 EASTERN AVE
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
1402 W SARATOGA ST.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIE HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-9650

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1909

8. AGE: Years	Months	Days	If less than one day
32	4 11	30 17	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jodie Harris (D)
13. Birthplace Georgia

MOTHER
14. Maiden Name Alice Hudson (D)
15. Birthplace Georgia

16 (a) Informant B C H RECORDS
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/42 (month) (day) (year)
(c) Cemetery or crematory
Location Americus Georgia

18 (a) Funeral director Isaiah L Blanton
(b) Address 1054 Montgomery Street

19 MAY 19[illegible] Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1942 at 8 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1942 to 5-12 1942, and that I last saw him alive on 5-12 1942.

Immediate cause of death Lobar pneumonia — Duration 5 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-13-42

Physician: please write the causes of death clearly and legibly. Information required is especially important. Be sure that the correct age is given.

F 92172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 92172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 Eutaw Place
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2017 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Vincent Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 1871

8. AGE: Years 70 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Md (City, county, and state)

10. Usual Occupation Retired

11. Industry or business B & O RR

FATHER
12. Name Wm J. Kelly
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Catherine Corcoran
15. Birthplace Balto Md

16 (a) Informant Lillian Kelly Schwartz
(b) Address 2107 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 42 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Balto Md

18 (a) Funeral director Henry J. Pentenrieder Inc
(b) Address 2 McCulloh + Orchard Sts

19 (a) MAY 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 6 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to May 12 1942 and that I last saw h[illegible] alive on May 12 1942

Immediate cause of death Coronary Thrombosis — Duration 3 hrs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H H Pearce M. D.

Address 2105 Eutaw Date signed May 12/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 92173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Whitelock St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Woodrow Wilson Gray, Jr (Birth 4/5 31)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1941

8. AGE: Years	Months	Days	If less than one day
	4	14	hr. min.

9. Birthplace Baltimore, Md (Town, county and state)
10. Usual Occupation None
11. Industry or business None

FATHER — 12. Name	Woodrow Wilson
13. Birthplace	Virginia
MOTHER — 14. Maiden Name	Mary Shorts
15. Birthplace	Virginia

16 (a) Informant Mary Wilson
(b) Address 1100 Whitelock St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

19 MAY 14 1942 (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 42 at 4:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 19 42 to May 12 19 42 and that I last saw h[illegible] alive on May 12 19 42

Immediate cause of death: Acute Gastro-enteritis (non-specific diarrhea)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp. Date signed 5/13/42

Please write plainly with pen or pencil. Be sure to give correct age in all cases. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

VS 2

F 92174

Edith B Hadden

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

F 92174 Registered No.

1. PLACE OF DEATH: Church Home + Inf
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 N Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Edith B. Hadden

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex F | 5. Color or race W | 6 (a) Single, (Married) widowed, or divorced. Married

6 (b) Name of husband or wife (W) Walter Hadden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 - 1877

8. AGE: Years about 64 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Hollands Island Md (Town, county, and state)

10. Usual Occupation Dept. of Nurses.

11. Industry or business

FATHER 12. Name Wm. C. Bennett

13. Birthplace Va.

MOTHER 14. Maiden Name Mary E. L. Fisher

15. Birthplace Md

16 (a) Informant Mr. Walter Hadden

(b) Address 2612 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)

(c) Cemetery or crematory Green Haven

Location Cambridge Md

18 (a) Funeral director Granville L. Le Compte

(b) Address Cambridge Md

MAY 14 1942 (Date received by Registrar) (b) Harrington for Rittenhouse, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1942, at 12 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/6 1942 to 5/13 1942, and that I last saw him alive on 5/13 1942.

Immediate cause of death Pulmonary Embolism

Due to Chronic Colitis

Due to

Other Conditions Contributing Factors Toxemia of Pregnancy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wesson, M.D.

Address Church Home Date signed 5/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as far as known. Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 92175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830a

F 92175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Guilford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Guilford ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice M. Richardson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Joseph V. Richardson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug 22nd 1861
8. AGE: Years 80 | Months 8 | Days 20 | If less than one day: hr. min.
9. Birthplace St. Marys Co. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Alexander Bayne
13. Birthplace Md

MOTHER
14. Maiden Name Anna Heard
15. Birthplace Md.

16 (a) Informant Harry A. Richardson
(b) Address 1802 Guilford ave
17 (a) Burial (b) Date thereof 5/15/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Michaels Church
Location Relay Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st
19 (a) MAY 13 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th 1942, at 8:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 1942 to May 11, 1942 and that I last saw h[illegible] alive on May 10, 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	4 day
Due to	
Due to	
Other Conditions Paralysis right arm	1 mo

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh Forsythe M. D.
Address 424 E. North Ave Date signed 5/13/42

Please write in ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 92176

F 92176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo18da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 York Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL HENRY WALKER

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 216-03-9444

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15, 1893

8. AGE: Years 48 | Months 4 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Road Builder

11. Industry or business

FATHER
12. Name Henry A. Walker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location "Md

18 (a) Funeral director Wilbur "Cook"
(b) Address 127 S. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Wilson Registrar

MAY 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1942 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24, 1942 to May 12 1942.
and that I last saw him alive on May 12, 1942.

Immediate cause of death Pulmonary tuberculosis — Duration Unk.

Due to

Due to

Other Conditions Malnutrition and secondary anemia — 6 mo.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Y. Geddell M. D.

Address US Marine Hospital Baltimore, Maryland. Date signed 5/12/42

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that all items are correct

F 92177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 92177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days) 241

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Latrobe Park Terrace (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Mc Gee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	W	Married

6 (b) Name of husband or wife Francis J. Mc Gee
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1876

8. AGE: Years	Months	Days	If less than one day
65 66	7	21	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Jacob Rondush
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Shirey
15. Birthplace Germany

16 (a) Informant Edmund F. Mc Gee
(b) Address 201 Church St. Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.A. Co.
Location Annapolis Blvd A.A. Co.

18 (a) Funeral director John J. Conan & Son
(b) Address 901 Hollins St.

19 MAY 14 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/37 1941 to May 12 1942 and that I last saw h[illegible] alive on May 12 1942

Immediate cause of death (a) Carcinoma

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-2-42

Major findings of operation: Carcinoma of stomach

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Eileen Kateley
Address 901 Hollins St Date signed 5/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92178 ✓ F 92178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2757-Tivoly Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2757-Tivoly Ave (If rural, give location)
(e) Citizen of foreign country? NO -- (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Berkemeier

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 220-01-1784

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Elisabeth (Grenzer)
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) 11/9/1869
8. AGE: Years 72 Months 6 Days 3 If less than one day ___ hr. ___ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired - Chauffeur
11. Industry or business CDKenny Co.

FATHER
12. Name Henry Berkemeier
13. Birthplace Germany

MOTHER
14. Maiden Name Annie (?)
15. Birthplace Germany

16 (a) Informant Mrs. ElisabethBerkemeier
(b) Address 2757-Tivoly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Maryland

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 MAY 14 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942, to May 13 1942, and that I last saw him alive on May 12 1942.

Immediate cause of death: Coronary thrombosis — Duration: 3 hrs

Due to: Arteriosclerotic-U. disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Grenzer
Address 1402 E. Lanvale Date signed 5-13-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered F 92179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4025 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4025 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie Augusta Quinn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert Quinn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1866

8. AGE: Years 76 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Perry Knight
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Jessie M. Heubeck
(b) Address 4025 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1942 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3621 Falls Road

19 (a) MAY 14 1942 (Date rec'd by registrar) Huntington Williams, Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 6 05 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to May 1942 and that I last saw her alive on May 13 1942.

Immediate cause of death Myocardial Failure — Duration

Due to Congestive Heart Failure

Due to Chr. myocarditis Coronary atherosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kharmey M. D.
Address 4037 Falls Rd. Date signed 5/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 92180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 92180

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 E. 38th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. 38th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Amelia P. Matthews

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William T. Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3- 1858

8. AGE: Years 83 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Enoch N. Roland
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Rutter
15. Birthplace Maryland

16 (a) Informant Miss Lillian A. Matthews
(b) Address 1006 E. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1942 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chestertown Maryland

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Registrar

MAY 14 1942 Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 5-30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 12 1942, and that I last saw her alive on May 12 1942.

Immediate cause of death: Cardiac decompensation — Duration 3 hrs.
Due to: Arteriosclerosis and chronic nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Jean Dieterich
Address: Falls 2608 Date signed: 5/13/42

F 92181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 92181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Matilda V. Kayler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry N. Kayler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8 1882

8. AGE: Years 59 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Seven Valley Pa. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Theophilus Gladfelter
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Catherine Bortner
15. Birthplace Pennsylvania

16 (a) Informant Orville H. Kayler
(b) Address 1805 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-1942 (Months) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road

19 (a) (b) Registrar

MAY 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12- 1942, at 12-35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to May 12 1942
and that I last saw h-- alive on May 11 1942

Immediate cause of death Carcinoma Fore head — Duration

Due to General Carcinoma

Due to Terminal Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation [illegible] 1941
Major findings of operation: Carcinoma Fore head
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence no at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Peaches M. D.
Address 42 Medical Arts Bldg Date signed May 13/42

Instructions for filling out this certificate are printed on the back. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

Huntington Williams M.D.

F 92182

ISABEL F. RYAN ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 92182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Falls Rd. (If rural give location)
(e) Citizen of foreign country? Naw. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs William Franklin (Isabell F.) Ryan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Franklin Ryan deceased. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1871

8. AGE: Years 70 | Months 9D | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Fagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Marie Powers
15. Birthplace Ireland

16 (a) Informant Pt; (on admission)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-1942 (month) (day) (year)
(c) Cemetery or crematory St. Marys Govans
Location Baltimore Md

18 (a) Funeral director Horace G. Burgie
(b) Address 3631 Falls Road

19 (a) MAY 14 [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 8 42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1942 to May 13 1942 and that I last saw her alive on May 13 1942.

Immediate cause of death: Respiratory failure

Due to: Generalized arteriosclerosis.

Due to:

Other Conditions: Arteriosclerotic Heart disease

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 5-13-42

FEMALE WHITE REGISTRY. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

411664
F 92183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46F

F 92183
Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use typewriter if possible. Do not abbreviate. Give the exact location of birth and residence and the full name of the deceased. Be sure to answer every question. Where the information is not known, write "Unknown." Do not leave any blanks except when directed to do so. Be sure to give the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 Radnor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Springling

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: W
6 (b) Name of husband or wife: Melvin
6 (c) If alive, give age 33 years
7. Birth date of deceased (mo., day, yr.) 10-28-07
8. AGE: Years 34 | Months 6 | Days 15 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edwin L. James
13. Birthplace Md

MOTHER
14. Maiden Name Agnes O'Connor
15. Birthplace Md

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ New Cathedral
Location

18 (a) Funeral director E. Lenwood Bonsall
(b) Address 3618-17 Eastern Ave. (Huntington Woods, Md.)

(c) [illegible] (Registrar)
MAY 14 1942
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1942 at 540 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17- 1942 to 5-13- 1942 and that I last saw her alive on 5-13- 1942.

Immediate cause of death: Inanition, cachexia — Duration
Due to Carcinoma of the liver
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address John Hopkins Hosp. Date signed 5/13/42

F 92184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 92184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHRISTINA VIRGINIA HALE

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853 1863

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Petersburg, Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Jarvis
13. Birthplace unknown

MOTHER
14. Maiden Name Martha Langhorn
15. Birthplace unknown

16 (a) Informant Mr. Alfred J. Kroneberger
(b) Address 17 S. Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) Date received MAY 14 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 19 42 at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to May 11 1942, and that I last saw h alive on May 11 1942.

Immediate cause of death	Duration
Cardiac failure,	3 days
Due to Coronary sclerosis,	1 yrs
Due to Arteria-sclerosis,	10 yrs.
Other Conditions Nephritis	10 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. French M.D.
Address 2877 Arunah Ave. Date signed 5/13/42

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 92185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, as accuracy in stating the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5110 Norwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5110 Norwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Rosenau

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Zenobia Pettit Rosenau
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1860

8. AGE: Years 81 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace Bromerhaun, Germany (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business The Maurice Leser Co.

FATHER
12. Name John Henry Rosenau
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Beulah C. Pfahler
(b) Address 5110 Norwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Huntington Aves., M.P.

19 MAY 14 1942 (b) Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 10.40 M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1942, to May 13 1942, and that I last saw him alive on May 12 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Generalized arteriosclerosis	?
Due to: Chronic Myocarditis	?
Other Conditions: Bronchial Pneumonia March 20, 1942 to April 1, 1942	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Kupp, M.D.
Address 3030 Edmondson Ave Date signed 5/14/42

F 92186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

F 92186 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 Belmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Belmont av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis B. Flynn

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Marie Flynn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-1858

8. AGE: Years 53 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Cand dipitibuta
11. Industry or business candy etc Mfr

FATHER
12. Name James Flynn
13. Birthplace unknown

MOTHER
14. Maiden Name Margaret Keamy
15. Birthplace Balto Md

16 (a) Informant Mrs. Maud McDonnell
(b) Address 3209 Belmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road

19 (a) MAY 14 1942 (b) Huntington, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 11 1942 and that I last saw him alive on May 11 1942.

Immediate cause of death: Influenza — Duration: 4 days.
Due to: Broncho pneumonia
Due to:
Other Conditions: Bronchial Asthma — 12 yrs
Chr. nephritis 1 yr.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott M. D.
Address 1136 Eutaw Place Date signed

F 92187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 Q

F 92187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 Aiken St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Aiken (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. O'Hara

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James J. O'Hara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 30, 1893

8. AGE: Years 48 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Home wife

11. Industry or business

FATHER
12. Name: Theodore K. Esender
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Catherine McGarity
15. Birthplace: Baltimore Md

Sister
16 (a) Informant: Mrs G. Cunningham
(b) Address: 3813 Second Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 16 1942 (month) (day) (year)
(c) Cemetery or crematory: Mount Cathedral
Location: 4309 Old Frederick Rd

18 (a) Funeral director: Edmund W. Conklin & Son
(b) Address: 924 E. Eager St.

19 MAY 14 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13th 1942, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1942 to May 13 1942 and that I last saw alive on May 12 1942.

Immediate cause of death: Carcinoma of Uterus — Duration: 8 Mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged diagnostically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Williams M.D.
Address: Med Examiners Bldg Date signed: 5/14/42

F 92188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 92188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 PARK AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 PARK AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIUS FELDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of husband or wife FANNIE FELDMAN

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. Fannie Feldman
(b) Address 920 PARK AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phila. Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) MAY 14 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to May 13 1942; and that I last saw him alive on May 3 1942.

Immediate cause of death
Coronary Sclerosis
Coronary Thrombosis
Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sol Smith
Address 1223 E. Monument St Date signed 5/14/42

VS 3

F 92189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Ridgewood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Ridgewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abe Sherman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Philip Herman
13. Birthplace Lithuania

MOTHER
14. Maiden Name Katy
15. Birthplace Lithuania

16 (a) Informant family
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Baltimore Pike

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAY 14 1942 (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Pending microscopic examination of tissue
Due to (a)
Due to Copy back for transcripts
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 13 1942

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Fill in all blanks with full data. Do not omit any information, or mark it unknown, if it can be obtained. Please see that the personal particulars and statements regarding the deceased are correct as he will probably be the informant. Physicians: please write the causes of death clearly and legibly.

VS 6

F 92190

Lyon #2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered F 92190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor
(b) Street address — at foot of Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNIDENTIFIED WHITE MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50? Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery PUBLIC CEMETERY MAY 14, 1942
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per E. A. Moore

19 (Date rec'd by registrar) MAY 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1942 at 9:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death — drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ?
(b) Date of occurrence April 19 42 26 M
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specific type of place) While at work?
(e) Means of injury drowning

23. Signature H. Z. Williams M.D.
Medical Examiner.
Date signed 4-30-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92191 415333 BALTIMORE CITY HEALTH DEPARTMENT ✓ F 92191

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Stanislaus Starosta

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-79

8. AGE: Years	Months	Days	If less than one day
62	10	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Starosta
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SURGICAL MAY 14, 1942
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 MAY 14 1942 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1942 at 8A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 8 1942 and that I last saw him alive on May 8 1942.

Immediate cause of death	Duration
Labor premature due to pneumococcus type 7, empyema due to pneumococcus type 7	2 days
Due to Pleurisy with effusion ? tuberculous	2 months
Due to Abscess, Upper lobe, left lung, ? tuberculous	2+ months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Isaac R. Hinman M.D.
Address Date signed 5-8-42

VS 1

9092

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age in especially important.

DOH F 92192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

F 92192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 4-26-1895

8. AGE: Years	Months	Days	If less than one day
47	-	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Richardson
13. Birthplace ?

MOTHER
14. Maiden Name Ella ?
15. Birthplace

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location

18 (a) Funeral director Mrs Robert G. Elliott Dept
(b) Address 1129 N. Caroline St.

19 MAY 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 12 - 1942 at 7 57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Pulmonary Edema — Duration

Due to Hypertensive Cardio-Vascular Disease & Sudden

Due to Left heart failure

Other Conditions Nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp Date signed 5/13/42

VS 3

FILLED WITH TYPEWRITER, WRITE CLEARLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 92193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3414 Virginia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Virginia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen McGlone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1873

8. AGE: Years	Months	Days	If less than one day
69	3	19	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

FATHER
12. Name James Mahony
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Gaffaid
15. Birthplace Ireland

16 (a) Informant Miss. A. McGlone
(b) Address 3414 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave.

19 (a) MAY 14 1942 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to May 12 1942 and that I last saw her alive on May 11 1942

Immediate cause of death
Arterio - sclerosis — Duration 2 Oyp

Due to

Due to

Other Conditions Hypertension nephritis - Sclerosis — 20 yrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jane Cotter M. D.
Address 180 Ewlaw Place Date signed 5/13/42

F 92194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

137a

Reg. Dist. No.

F 92194

1. PLACE OF DEATH
County
City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Carroll
City or town Taneytown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 45
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME O. Harry Smith

3. (b) Social Security Number None

4. Sex M
5. Color or race W
6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife
6.(c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) Aug 1, 1868
8. AGE: Years 73 Months 9 Days 13 If less than one day hrs. min.
9. Birthplace Maryland (State, county and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Wm Smith
13. Birthplace Md

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs Carrie Smith
Address Balto Md
17. Burial (Burial, cremation, or removal) Date thereof May 16, 1942 (month) (day) (year)
Cemetery or crematory Lutheran
Location Taneytown Md
18. Funeral director
Address Taneytown Md.
19. MAY 14 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 7:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1942 to May 14 1942 and that I last saw him alive on May 11 1942

Immediate cause of death: Cardiac Failure — DURATION: Failing for Years

Due to: Infirmities of age — DURATION: according to history

Due to: Chronic Nephritis — DURATION: 9 Years

Other conditions: Hypertrophied Prostate

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury Injured at work?

23. SIGNATURE O. O. Carman M.D. M. D. or other
Address 1701 N. Carolina Date signed 5-14-42

92195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 ✓ F 92195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Warner St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Austin Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1911

8. AGE: Years	Months	Days	If less than one day
30	10	24	hr. min.

9. Birthplace Kinston North Carolina (Town, county, and state)

10. Usual Occupation Solorer

11. Industry or business

FATHER
12. Name Mark Phillips
13. Birthplace Kinston N C

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mamie Heath
(b) Address 1132 Warner street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1942 (month), (day) (year)
(c) Cemetery or crematory Mount Olive
Location Baltimore County

18 (a) Funeral director Joseph A Lively
(b) Address 4 Arnold court Huntingtor Williams, Md

19 (a) MAY 14 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1942 at 10 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or inquest) thereon and from the evidence obtained by said autopsy (Autopsy or inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed thorax, abdomen and pelvis
Due to: run over by train
Due to
Other Conditions: [illegible] R.R. Tracks

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: May 10 1942

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 9 1942 at M
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. tracks While at work? (Specify type of place)
(e) Means of injury Struck by train

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed May 10 1942

VS 6

If there was more than one physician in attendance, each should sign. If the cause of death is not known, the coroner must be notified. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

92196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 92196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or Town Edgewood (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Glenn Taylor 73570

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1916

8. AGE: Years	Months	Days	If less than one day
25	8	6	hr. min.

9. Birthplace Nebraska (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Taylor
13. Birthplace Nebraska

MOTHER
14. Maiden Name Viva Edwards
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Emmerton
Location Harford Co.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MAY 14 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 1:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1942, to May 13 1942, and that I last saw him alive on May 13 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rachtow M. D.
Address Balto. City Hosp. Date signed 5-14-42

F 92197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 92197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1044 Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 N. mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Lyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Lyles

13. Birthplace unknown

MOTHER 14. Maiden Name Sena Jefferson

15. Birthplace Frederick. Md.

16 (a) Informant Eva Mooney

(b) Address 1044 - N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem.

Location Arbutus Md.

18 (a) Funeral director Chas H. Alexander

(b) Address 927 Maiden Lane Huntington Williams, Mgr.

19 (a) Filed by (Date received by Registrar) MAY 14 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 9:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and an autopsy thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) and autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Depressed fracture of skull

Due to: Fall from 3rd story window

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probable accident
(b) Date of occurrence May 12 1942 at 8:30 A.M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell from window

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed May 13 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 92198 Registered No.

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Fill all blanks. Be sure and answer each question. Do not leave any space blank. If none, write none, or insert the word unknown, or the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 E.Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 E.Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick L.Wittig,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 6.1869

8. AGE: Years	Months	Days	If less than one day
72	6	7	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Machinist

FATHER
12. Name Frederick W.Wittig,
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna C.Engle,
15. Birthplace Germany

16 (a) Informant E.A.Wittig,
(b) Address 1716 E.Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16.1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Robert S.Little,
(b) Address 2700 Edmondson Ave,

19 (a) MAY 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13.1942 19 , at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1919 to May 13 1942, and that I last saw him alive on May 12 1942.

Immediate cause of death Cardiac failure due to Mitral Murmur + Chronic anemia + Acidosis

Due to Chronic Interstitial Nephritis Mitral Murmur

Due to

Other Conditions Marked Emaciation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R.P. Carman M. D.
Address 1701 N. Carolina St Date signed May 13 42

AB- 26380

F 92199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46a

Registered No. F 92199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No House (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2692

3 (a) FULL NAME James Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lucy Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11-1874

8. AGE: Years	Months	Days	If less than one day
68	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Brodrick
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto. Md.

18 (a) Funeral director George S. Boyer Jr.
(b) Address 1512 Hollins Street

19 (a) (b)
Date received by registrar MAY 14 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1942, at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1942 to 5-13 1942 and that I last saw him alive on 5-13 1942.

Immediate cause of death: Bronchopneumonia — Duration 5 Days

Due to Carcinoma of the esophagus — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-14-42

PLEASE WRITE PLAINLY. With ordinary pen. Every question must be answered. Where there is no entry, write "None." Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

92200

SS 73678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. F 92200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 12-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 457 W. 24th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Bosley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-13-42 2 P.M. (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) MAY 14 1942 (Date rec'd by Registrar) Emerson Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1942, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1942, to 5-2 1942, and that I last saw her alive on 5/2 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-13-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Name correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 92201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a Registered No.

F 92201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Greenmount ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Jacobs

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1864

8. AGE: Years 77 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name L. Sweat

13. Birthplace N C

MOTHER 14. Maiden Name Annette Russell

15. Birthplace N C

16 (a) Informant Theresa Haynes

(b) Address 928 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Rayner Sanders

(b) Address 412 E Preston St

(a) Date received by registrar MAY 14 1942 (b) Registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1942 at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1941 to 5-12 1942
and that I last saw her alive on 5-10 1942

Immediate cause of death: Carcinoma of uterus (cervix) — Duration: 1 yr plus.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Brownell

Address 1320 E. Madison St Date signed 5-13-42

Raynor Brownell

CASE, WHITE FEMALE, WITH CANCER (CA). Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 92202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a ✓

F 92202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 W. Lanvale st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Moses

3 (b) If veteran, name war | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Margie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1902

8. AGE: Years	Months	Days	If less than one day
40	3	3	hr. min.

9. Birthplace Accomac, Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wright Roberts
13. Birthplace Accomac, Va

MOTHER
14. Maiden Name Harriett Ward
15. Birthplace Accomac, Va

16 (a) Informant Allie Roberts
(b) Address 1142 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (month) (day) (year)
(c) Cemetery or crematory
Location Accomac, Va

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac Co, Va

[redacted] (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942; at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 14 1942 and that I last saw h[illegible] alive on May 14 1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Malignant Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp Date signed 5/14/42

VS 3

PRINTING, WRITING & STATIONERY. WITH OR WITHOUT SEAL. Envelopes, Blanks, Loose-Leaf Systems, Duplicating Supplies, Etc. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92203
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Give full name of institution, street and number. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
City or town Glyndon
(If outside city or town limits, write RURAL and give town)
(c) Street No.
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

9-9

3 (a) FULL NAME Martin L. Wesley.

3 (b) If veteran, name war none

3 (c) Social Security Account No. 213-10-6197

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married.

6 (b) Name of husband or wife Florence Healey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23 1877

8. AGE: Years	Months	Days	If less than one day
64	4	21	hr. min.

9. Birthplace Sweden (State or country, and state)
10. Usual Occupation Balto. Tramcar
11. Industry or business in shops.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Florence Healey
(b) Address Glyndon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-42 (month) (day) (year)
(c) Cemetery or crematory Asbury Methodist
Location Reisterstown

18 (a) Funeral director F. Kline Sons
(b) Address Reisterstown, Md.

19 (Date received by Registrar) MAY 14 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1942, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1942 to 5/14 1942, and that I last saw h alive on 5/14 1942

Immediate cause of death	Duration
Heart Failure	
Due to Bronchopneumonia	7 to days
Due to	
Other Conditions Arteriosclerosis Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. U. Youngadon, M. D.
Address St. Joseph's Hospital Date signed 5/

VS 2

F 92204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 92204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 George St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Vernal Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married.

6 (b) Name of husband or wife Obediah Parker
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1902

8. AGE: Years	Months	Days	If less than one day
39	5	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name James Hebb
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elsie Barnes
15. Birthplace Balto. Md.

16 (a) Informant Elsie Hebb
(b) Address 826 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 MAY 15 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942, to May 12 1942 and that I last saw h er alive on May 12 1942.

Immediate cause of death Carcinoma of Left Breast.

Duration Jan 1942

Due to

Due to

Other Conditions Metastasis of cervical glands

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. William Frey
Address 1928 Penna Ave Date signed 5/14/42

VS 3

F 92205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

F 92205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3444 Fredrick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3444 Fredrick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE H. SCHAFER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha Schafer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1859

8. AGE: Years 82 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Butcher

11. Industry or business Self

FATHER
12. Name John Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Murr
15. Birthplace Baltimore, Md. Terrace

16 (a) Informant Mrs. George McCready
(b) Address 437 Rosecroft Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director WM. J. TICKNER AND SONS.
(b) Address NORTH AND PA. AVES.

19 (c) Filed (Date received by Local Registrar) MAY 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1941 to May 13 1942. and that I last saw h alive on May 12 1942

Immediate cause of death: Carcinoma of Pancreas — Duration: Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23) Signature Elliot W. Johnson M. D.
Address 3432 Date signed

VS 3

F 92206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

Registered No. F 92206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 1324
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Woodbrook ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Angelo Mallonee

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	218-05-2514	Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 21-1877

8. AGE: Years	Months	Days	If less than one day
64	4	24 23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Filler - foreman
11. Industry or business J. H. Whitelock Co.

FATHER — 12. Name	Ephraim Mallonee
FATHER — 13. Birthplace	Balto. Co. Md.
MOTHER — 14. Maiden Name	Mary E. Amborn
MOTHER — 15. Birthplace	Balto. Co. Md

16 (a) Informant Mary E. Sutor
(b) Address 2863 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 25 / 42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill Cem.
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Fielmer & Sons
(b) Address North & Pa. Aves.

19 (a) MAY 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1942, at 7 46 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Fractured Skull
Due to
Due to
Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 13/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-14-42 at 7.20 A M
(c) Where did injury occur? Fulton & Woodbrook Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No struck by car
(e) Means of injury Fractured skull, struck by B. T. Co.
23. Signature Howard J. Sheridan M.D. Medical Examiner.
Date signed 5-18-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 92207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1392 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1392 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Arthur Oliver.

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 218-05-4227

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katherine Oliver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1895

8. AGE: Years	Months	Days	If less than one day
47	2	18	hr. min.

9. Birthplace Emmorton, Harford Co. (Town, county and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name William C. Oliver
13. Birthplace ?

MOTHER
14. Maiden Name Louise Clamer
15. Birthplace ?

16 (a) Informant Mrs. Katherine Oliver
(b) Address 1392 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Wm. J. Zipkin & Son
(b) Address North & Pa. Ave.

19 MAY 15 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 12:35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Coronary thrombosis	- 1 min.
Due to Chronic myocarditis	
Chronic interstitial nephritis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature J. C. Muse Jr. M.D. (Medical Examiner.)
Date signed May 14. 1942 Medical Investigator

F 92208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 92208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 E. 33rd St.
(c) Hospital or institution:

9-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 E. 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY AUGUSTA DORSEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife: Lloyd Dorsey, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1859

8. AGE: Years	Months	Days	If less than one day
83	2	20	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: Levin Canter
13. Birthplace: Charles Co., Md.

MOTHER
14. Maiden Name: Rebecca Stephens
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Lloyd Dorsey, Jr.
(b) Address: 638 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Frederick Rd., Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 (a) Rec'd MAY 15 1942 (b) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 19 42 at 4:20PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to May 12 1942, and that I last saw h[illegible] alive on May 12 1942

Immediate cause of death: Chronic Myocarditis / Arteriosclerosis — Duration: 1940 / 1938

Due to:

Due to:

Other Conditions: Cornus Sclerosis — 1942

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. de Bruhl M. D.
Address 21-205 Shenandoah Date signed May 13

F 92209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ F 92209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 W. Barre St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE RETER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie Rater
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Car Inspector
11. Industry or business B & O R. R. Co.

FATHER
12. Name George Reter
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Bessie Cowley
(b) Address 703 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Fork M. E. Cem.
Location Fork, Md.

18 (a) Funeral director C. E. Arthur
(b) Address Fork, Md.

19 (a) MAY 15 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1942 to 5/6 1942, and that I last saw h alive on 5/6 1942.

Immediate cause of death
Coronary thrombosis
Due to Heart disease
Hypertension
Due to
Other Conditions

Duration
Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Davenport
Address 1304 E. Chase Date signed 5/14/42 M. D.

F 92210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92210
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given as correctly and completely as possible. Even if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 Woodlawn Road
(c) Hospital or institution: Home

27-14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Woodlawn Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Alice Cowman Payne

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Hamilton Morgan Payne
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 17 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	8	26		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John F. Cowman
13. Birthplace U. S. Co. Maryland.

MOTHER
14. Maiden Name Laura F. Fisher
15. Birthplace Boston, Mass.

16 (a) Informant Mrs. Herbert Allyn Payne (son)
(b) Address 51-E-82nd St. New York City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SON.) 108 W. NORTH AVENUE

19 (a) MAY 15 1942 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2nd 1942 to May 13 1942 and that I last saw her alive on May 13 1942

Immediate cause of death	Duration
Chronic Myocarditis	3 months
Due to Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed May 14/42

F 92211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 92211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2232 Linden Ave
(c) Hospital or institution:

13-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Bank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Harry Schaffer
13. Birthplace Russia

MOTHER
14. Maiden Name Bertha Zfass
15. Birthplace Ruuia

16 (a) Informant Morris Bank
(b) Address 2232 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (Date rec'd by registrar) MAY 15 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1917 to May 14, 1942, and that I last saw h alive on 5/4/ 19 42

Immediate cause of death	Duration
Coronary Thrombosis	10 min.
Due to	
Due to	about 10 yrs.
Other Conditions Hypertension Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M.D.
Address 11 E. Lexington St Date signed 5/16/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92212

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security No. 218-16-2260

CERTIFICATE OF DEATH

94a F 92212

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Gorsuch St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sam Zimmerman

If U. S. Veteran specify WAR

(a) Residence: No. 1601 Gorsuch St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie

6. DATE OF BIRTH (month, day, year): 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Painter

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hyman Zimmerman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Minder ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Robert Zimmerman 4127 Woodhaven Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Workmen Circle Date: May 15 19 42

19. UNDERTAKER (Address): Sol Levinson & Bros 1124 1126 W North Ave

20. FILED: MAY 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1942, to May 14, 1942

I last saw him alive on 5-14, 1942. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Coronary Thrombosis	3 Days
Other contributory causes of importance: Arteriosclerosis	2 yrs +

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. D.

(Address) 707 Fort Ave.

V0 8

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 92213 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette + John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Eutaw street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNE RUDISELLE DONOVAN

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John J. Donovan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1872

8. AGE: Years	Months	Days	If less than one day
70	1	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Crawford Gulbreth
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Davis
15. Birthplace Maryland

16 (a) Informant Eleanor Rudiselle Donovan
(b) Address 1112 N. Eutaw street

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Chas. J. Evans Son Inc.
(b) Address 118 N. Mt. Royal Ave.

19 (c) MAY 15 1942 (Date rec'd by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942, to May 13 1942 and that I last saw h.er alive on May 13 1942

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Adenomyomic myeloid leukemia	4 yrs.
Due to:	
Other Conditions Sp. Carcinoma Cx. (Include pregnancy within 3 months of death)	4 yrs.

Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellige M.D.
Address 1404 Park Ave Date signed 5/13/42

F 92214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

F 92214 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE YAKEL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-09-8356

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Yakel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1909

8. AGE: Years 33 | Months 4 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name August Hammer

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Margaret Cashmes

15. Birthplace Balto., Md.

16 (a) Informant Robert Yakel

(b) Address 2723 E. Chase St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16/42 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER CEM.

Location BELAIR ROAD

18 (a) Funeral director Lilly & Hiden Inc.

(b) Address 403 S. WOLFE ST.

19 (a) MAY 15 1942 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 8 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractures, multiple head & extremities — Duration

Due to: Fall from high place

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: no

of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 15, 1942 at 2 P.M.
(c) Where did injury occur? Orleans St Viaduct & Calvert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jumped from bridge 65 ft

23. Signature H. L. Williams M.D. Medical Examiner.

Date signed 5-16-42

VS 6

F 92215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. F 92215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 243 S.ROBINSON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) 26 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 S.ROBINSON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPHINE HELFER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ANDREW HELFER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 22 1896

8. AGE: Years	Months	Days	If less than one day
45 46	5	20	hr. min.

9. Birthplace IRELAND (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name PATRICK CORCORAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name ANN STAPELTON
15. Birthplace IRELAND

16 (a) Informant ANDREW HELFER (HUSBAND)
(b) Address 243 S.ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler Sons.
(b) Address 403 S. WOLFE ST.

19 (a) MAY 15 1942 (Date rec'd by registrar) (b) Huntington Millgrove, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1942 at 4/10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1941 to May 12 1942, and that I last saw h-e alive on May 12 1942.

Immediate cause of death: Gastric Carcinoma — Duration: 8 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Jennewein M.D.
Address Medical Arts Bldg Date signed 5/13/42

F 92216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 92216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. X 366 Sheldon ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian A. L. Elgert

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Louise Bauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1868

8. AGE: Years	Months	Days	If less than one day
73	7	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Adam Elgert
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant G. Fred. Elgert
(b) Address 4366 Sheldon Ave,

17 (a) Burial (b) Date thereof 5/16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(Address) 1512 N. Broadway.

MAY 15 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 19 42 at 7:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection + Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary thrombosis Cardio-vascular disease — Duration

Due to

Due to Age Affliction - over years age.

Other Conditions Dangerous Injury, Diabetes Mellitus. Simple fracture right thigh
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-11-42 at A.M
(c) Where did injury occur? 4366 Sheldon ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fall out of bed.

23. Signature Howard J. Bloomberg M.D.
Medical Examiner.
Date signed 5-14-42

VS 6

F 9221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 92217 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Conrad C. Bodenbender

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna K. Schwenk
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Police
11. Industry or business Baltimore City

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Anna K. Bodenbender
(b) Address 2229 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location E. Taylor Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942, at 11.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1936, to May 12 1942, and that I last saw him alive on May 12 1942

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to:
Due to:
Other Conditions: Gastric Carcinoma — 18 months
generalized metastases
Date of operation: Recently ago
Major findings of operation: Gastric carcinoma
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Karl Grossman M. D.
Address 212 N Paterson Ave Date signed 5/12/42

F 92218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92218 ✓

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 E. Barney St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E. Barney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Zimmerman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife Ellie E. O'Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1868

8. AGE: Years	Months	Days	If less than one day
73	4	25	24 hr. min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)
10. Usual Occupation Ret. Machinist
11. Industry or business B & O.

FATHER
12. Name Joshua A.
13. Birthplace Md

MOTHER
14. Maiden Name Mary —
15. Birthplace Md.

16 (a) Informant Mrs. Mary E. Zimmerman.
(b) Address 19 E. Barney St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-18-42 (month) (day) (year)
(c) Cemetery or crematory New Cath. Location Edmondson Ave
18 (a) Funeral director J. F. McCauley
(b) Address 20 E. Fort Ave.
19 (Date rec'd by registrar) MAY 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942, at 2-10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 13 1942 and that I last saw h[illegible] alive on May 13 1942.

	Duration
Immediate cause of death Hemiplegia	10 days
Due to Hypertension	6 mo.
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O B Wheeler M.D.
Address 1279 Hillsdale Date signed 5/15/42

VS 2

F 92219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92219

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4008 Parkwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4008 Parkwood Ave.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Virginia White

3 (b) If veteran, name war No

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Robert M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5 1864

8. AGE: Years	Months	Days	If less than one day
77	5	7	hr. min.

9. Birthplace Virginia

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Elizabeth Schuhart

(b) Address 4008 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 16 42 (month) (day) (year)

(c) Cemetery or crematory Maryland Park

Location Taylor Ave.

18 (a) Funeral director Mark A. E. Bippel

(b) Address 7110 Belair Rd.

19 MAY 15 1942 (b) Huntington Williams, M.D.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1942 at 9 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 12 1942 and that I last saw h Sr alive May 12 1942.

Immediate cause of death Cronic Thrombosis

Due to Hypostatic Condition Pneumonia

Due to General Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration	
5/10/42	
1940	
1937	

PHYSICIAN

Underline the cause to which death should be charged statistically.

28. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Goodman M.D.

Address 2015 Fairmount Ave Date signed 5/13/42

VS 3

F 92220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83

Registered No. F 92220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60y-5.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Clifton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL JOSEPH NITZKA.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-12-0253

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Ann Hopa

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1859

8. AGE: Years 82 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace: Germany-Poland (Town, county, and state)

10. Usual Occupation: Tool-keeper

11. Industry or business: shipping

FATHER
12. Name: Paul J. Nitzka
13. Birthplace: Poland

MOTHER
14. Maiden Name: Elizabeth ?
15. Birthplace: Poland

16 (a) Informant: John Dombeck
(b) Address: 3419 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross (P.I.)
Location: German Hill Rd.

18 (a) Funeral director: M. A. E. Dippel & Sons
(b) Address: Lombard & Ann Sts.

19 (a) MAY 15 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 19 42 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Arteriosclerosis
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-15-42

VS 6

F 92221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1161 Registered No. F 92221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Leo Huber, 3rd. (Birth F 49130)

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/42

8. AGE: Years	Months	Days	If less than one day
—	—	4	hr. — min.

9. Birthplace Franklin Square Hospital (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Andrew Leo Huber, Jr.
13. Birthplace Balto, md.

MOTHER
14. Maiden Name Frances Louise Allen
15. Birthplace Macon, Georgia

16 (a) Informant Mrs. Andrew Huber
(b) Address 2619 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto, Md.

18 (a) Funeral director George J. Roth Inc.
(b) Address 235 N. Stricker St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MAY 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 7 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1942 to May 14, 1942 and that I last saw h[illegible] alive on May 14, 1942.

Immediate cause of death Pluripleogical Jaundice

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D. M. D.
Address Franklin Square Hosp. Date signed 5/17/42

F 92222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-F

Registered No. F 92222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo26da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo. 26da.

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town Brusly (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DOREN ATILLA LANDRY

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 435 20 5744

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, ~~1888~~ 1902

8. AGE: Years	Months	Days	If less than one day
39	11	20	hr. min.

9. Birthplace Brusly, Louisiana (Town, county, and state)

10. Usual Occupation Jr. Mate

11. Industry or business

FATHER
12. Name Numa Landry
13. Birthplace Louisiana

MOTHER
14. Maiden Name Mary Arbuckle
15. Birthplace Louisiana

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hanover

18 (a) Funeral director A. B. Slade
(b) Address 4907 York Road

19 (a) (Date received by registrar) MAY 15 1942 (b) Huntington Williams, Reg. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1942, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1942, to May 12, 1942, and that I last saw h im alive on May 12, 1942.

Immediate cause of death: Right Hemothorax with atelectasis of right lung — Duration: 2 weeks

Due to:

Due to Mediastinal lymphosarcoma with invasion of mediastinum ~~XXXXXXXX~~ and right pleural cavity — 5 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/7/42 and 3/24/42

Major findings of operation: Thoracentesis and excision of lymphnode

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Gaston M. D.

Address US Marine Hospital, Baltimore, Md. Date signed 5/18/42

F 92223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92223 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -------

3 (a) FULL NAME Belle Scully Royce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Fred D. Royce
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) -------- 1874

8. AGE: Years	Months	Days	If less than one day
About 68	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Daniel R. Scully
13. Birthplace Ireland

MOTHER
14. Maiden Name Frances Byrnes
15. Birthplace Newfoundland

16 (a) Informant Fred D. Scully
(b) Address 3202 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) Date received MAY 15 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1942 to May 14 1942, and that I last saw her alive on May 13 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Cutterman M. D.
Address 2424 Reisterstown Rd. Date signed 5/15/42

92224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a Registered No. E 92224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 PEARL STREET
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days

2. USUAL RESIDENCE OF DECEASED:
(a) State PENN. (b) County CAMBRIA
(c) City or town DUNLO
(If outside city or town limits, write RURAL and give town)
(d) Street No. DUNLO, PENNSYLVANIA (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME George Ohler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 18, 1942

8. AGE: Years	Months	Days	If less than one day
	2	24	hr. min.

9. Birthplace JOHNSTOWN, PENNSYLVANIA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name JOHN EDWARD OHLER
13. Birthplace CARROLLTOWN, PENNSYLVANIA

MOTHER
14. Maiden Name ALMA GLADYS CHANEY
15. Birthplace SPRINGFIELD, WEST VIRGINIA

16 (a) Informant JOHN E. OHLER (FATHER)
(b) Address 22 PEARL STREET

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL MAY 1942

18 (a) Funeral director
(b) Address

MAY 15 1942 (Date rec'd by registrar)

Per E. A. Sloane
(Signature) Herrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 6 1942, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 15 1942 to MAY 6 1942 and that I last saw him alive on MAY 5 1942.

Immediate cause of death DIARRHEA & DEHYDRATION — Duration

Due to

Due to

Other Conditions CAPILLARY PNEUMONIA

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lankenau M. D.
Address University Hosp. Date signed 5-6-42

VS 3

9094

F 92225

F 92225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No. F 92225

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith (Birth F 48762)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-42

8. AGE: Years — Months — Days 12 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Jefferson Smith

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Palmer, Rosemay

15. Birthplace Baltimore, Md

16 (a) Informant Mother

(b) Address 325 Gilmor St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAY 1942 REGISTRAR OF VITAL STATISTICS

18 (a) Funeral director Per E. A. Monge.

(b) Address

MAY 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1942, at 10:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1942 to 5-4 1942 and that I last saw h alive on 5/4 1942

Immediate cause of death Respiratory failure — Duration 1 min.

Due to Tubal hemorrhage — Duration life

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams

Address University Hospital Date signed 5-13

VS 3

9095

F 92226 73000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92226 Registered No. F-92226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 East Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1877

8. AGE: Years 63 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Brown (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel ? (d)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEMORIAL SCHOOL MAY 1942

18 (a) Funeral director Commissioner of Health
(b) Address
MAY 15 1942 Per E. A. Wiggs
(Date rec'd by registrar) (b) Huntington Ave. Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1942, at 11:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 to 5-8 1942, and that I last saw h~~e~~ alive on 5-8 1942

Immediate cause of death: Coronary occlusion — Duration: 2 days
Due to Arteriosclerotic heart disease — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rattenbury M. D.
Address Balto. City Hosp. Date signed 5-15-42

9096

AB-73940 F 92227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 92227 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Min.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County BALTIMORE

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1417 Hull St. (If rural give location)

Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Curran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Anna Reilly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1st 1893

8. AGE: Years	Months	Days	If less than one day
48	9	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation grain Miller

11. Industry or business

FATHER 12. Name Edward Curran

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret McLaughlin

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Harford Rd.

18 (a) Funeral director E. J. Tagney & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) MAY 15 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1942 at 11:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1942 to 5-13 1942 and that I last saw h~~im~~ alive on 5-13 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-14-42

92228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92228

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 N. Patterson Pk Ave
(c) Hospital or institution —
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 N. Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Jefferys
3 (b) If veteran, name war —
3 (c) Social Security Account No. - None -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Melvin Jefferys
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 7 - 1881

8. AGE: Years	Months	Days	If less than one day
60 61	6 -	6 -	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Christian E. Barth
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Susan Sindall
15. Birthplace Balto County

16 (a) Informant Mrs Kenneth Dodson
(b) Address 938 N. Pattenson Pk Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 42 (month, day, year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave. Balto, Md.
18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St
19 MAY 15 1942 (b) Registrar Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1942 at 4 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939, to May 13 1942, and that I last saw her alive on May 13 1942.

Immediate cause of death Metastatic Carcinoma — Duration 1 year
Due to Carcinoma Breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Dec 5/1938
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature D S Handley M. D.
Address 4810 Belair Rd Date signed 5/15/42

92229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145-E

Registered No. 92229

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 N. High St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHESTER C. HUTCHINSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-2963

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Evelyn M. Hutchinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1915.

8. AGE: Years	Months	Days	If less than one day
26	5	18	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business Beth.-Fair. Co.

FATHER
12. Name Langford H.
13. Birthplace Ken.

MOTHER
14. Maiden Name Laura Eddington
15. Birthplace Va.

16 (a) Informant Beth. Fair. Co.
(b) Address Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)

(c) Cemetery or crematory
Location Portsmouth, Ohio

18 (a) Funeral director J. J. McCully
(b) Address 130 E. Fort Ave.

19 (Date received by Local Registrar) MAY 15 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 9:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Fracture of skull

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 231.6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 14, 1942 at 7 P.M.
(c) Where did injury occur? Bethlehem Steel Co Fairfield Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury Piece of steel struck head
23. Signature H. L. Ballenweber M.D. Medical Examiner.
Date signed 5-15-42

VS 6

F 92230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 92230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 9th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Connie Higgs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-42

8. AGE: Years	Months	Days	If less than one day
	1 6 w	15	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard Higgs
13. Birthplace Md.

MOTHER
14. Maiden Name Ruby Taylor
15. Birthplace Va

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel Md.

18 (a) Funeral director J. Floyd Kaiser
(b) Address Laurel Md.

19 MAY 16 1942 (b) Huntington Williams, M.D. Address Johns Hopkins Date signed 5-16-42
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to May 14 1942 and that I last saw her alive on May 14 1942.

Immediate cause of death Bronchial pneumonia, prematurity

Duration: 1 wk.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anne Finkelea

F 92231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92231 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day 6 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 660 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.) 71 years

3 (a) FULL NAME Mrs. Betty Gruggs

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Robert Gruggs
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 1, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	14	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Frank Knabe
13. Birthplace Germany

MOTHER
14. Maiden Name Christina
15. Birthplace Germany

16 (a) Informant Husband
(b) Address 660 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 16 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1942 to 5-15 1942 and that I last saw h.er alive on 5-15 1942.

Immediate cause of death
Meningitis
Due to Meningococcus
Due to
Other Conditions Hypertensive Cardiovascular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy at JHH. 5-15-42

Duration 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold J. Debro, M.D.
Address Sinai Hosp. Date signed 5-18-42

92232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Gelb ave
(c) Hospital or institution: Mt. Winans
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Gelb Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanora Carneal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wilbur L. Carneal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/4/1872

8. AGE: Years 69 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Caroline Co. Va.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Josiah Madison
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Madison OK
15. Birthplace Va.

16 (a) Informant John Joseph Carneal
(b) Address 2609 Gelb Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)

(c) Cemetery Carmel Church
Location Caroline Co. Va.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 MAY 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9, 1942 to May 14 1942 and that I last saw h alive on May 14 1942

Immediate cause of death: Cerebral Hemmorrhage — Duration: 5/14/42

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schofield M. D.
Address 230 Annapolis Date signed 5/16/42

VS 3

Spm.—2-12-39—M&T—600 Blks.

92233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92233

CERTIFICATE OF DEATH.

93-D

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Calvert ST. 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Roberts Weems

(a) RESIDENCE NO. 1805 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Inez C. Weems

6 DATE OF BIRTH (month, day, and year) July 1st 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Bedding

(c) Name of employer Self

9 BIRTHPLACE (city or town) New Orleans La.
(State or country)

PARENTS

10 NAME OF FATHER John C. Weems

11 BIRTHPLACE OF FATHER (city West River Md.
(State or country)

12 MAIDEN NAME OF Rosalie Summers

13 BIRTHPLACE OF MOTHER (city or town) Alabama
(State or country)

14 Informant Inez C. Weems
(Address) 1805 N. Calvert St.

15 MAY 16 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1942

17 I HEREBY CERTIFY, That I attended deceased from May 1- 1942 to May 14 1942; that I last saw h[illegible] alive on May 14 1942 and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH was as follows:

Hypertension, Arteriosclerosis
Myocarditis. Pneumonia Bronchial

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Herbert C. Hatch M. D.

1942 (Address) 2151 Wilkens Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 5/18/1942

20 UNDERTAKER William Cook 527

ADDRESS St. Paul St.

92234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-B

Registered No. E 92234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Siani Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 431 S. Anglesea St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline H. F. Knoch

3 (b) If veteran, name war	3 (c) Social Security Account No.
-----	-----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1872

8. AGE: Years	Months	Days	If less than one day
69	7	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Franz W. Knoch
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Heinz
15. Birthplace Germany

16 (a) Informant Francis W. Prumschufer
(b) Address 4802 Calument Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 MAY 16 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/42 19 , at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1942 to 5/14 1942 and that I last saw her alive on 5/13 1942.

Immediate cause of death [redacted]
Peritonitis
Due to Perforated Gall Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/21/42
Major findings of operation: Bile in Peritoneal Cavity
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julian Gelber M. D.
Address Siani Hospital Date signed 5/14/42

VS 3

F 92235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 148-a

Registered No. F 92235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Tate St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Fairfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Tate St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie M. D. Leazer Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband or wife Curley Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1901

8. AGE: Years	Months	Days	If less than one day
41	3	18	hr. min.

9. Birthplace Salisbury, N.C. (Town, county and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Wm Leazer
13. Birthplace S. N. C.

MOTHER
14. Maiden Name Mary Somers
15. Birthplace S. C.

16 (a) Informant Mary Torrence
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md

18 (a) Funeral director James A. Hayes
(b) Address 1142 W. Pratt St

MAY 16 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 12.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-42 19 , to 5-14-1942 and that I last saw h alive on 5-14- 1942

Immediate cause of death Cardiac Respiratory Failure — Duration

Due to Carcinoma of Cervix 2 years

Due to Bronchopneumonia 1 week

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Hamman M. D.
Address 2340 Madison Ave Date signed 5-15-42

VS 3

F 92236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122-B

Registered No. F 92236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Haw Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nathaniel Chapman

S S 220 -05-0048

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 20-1919

8. AGE: Years	Months	Days	If less than one day
23	1	23	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business laborer

FATHER
12. Name Daniel Chapman
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lettie Driggs
15. Birthplace md

16 (a) Informant Lettie Chapman
(b) Address 642 Haw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. co. md

18 (a) Funeral director James A Stango
(b) Address 1412 W Saratoga St Huntington Williams, MD

MAY 16 1942 (Date Rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1942 at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Volvulus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-14-42

F 92237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 92237

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERMIT REQUIRED FOR BURIAL

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 W. Lee
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2[illegible] (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie M. Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13-1888

8. AGE: Years 53 | Months 8 | Days - | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Clarence Bush

13. Birthplace Va

MOTHER 14. Maiden Name Hattie

15. Birthplace Balto

16 (a) Informant Harry Gordon

(b) Address 614 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director James A Oglesby

(b) Address 142 W Lee St

19 (a) MAY 16 1942 (date received) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 42 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to May 13 1942 and that I last saw h[illegible] alive on May 13 1942.

Immediate cause of death Carcinoma of Rectum 1942 — Duration 8 mo

Due to 56

Due to 76.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles T Worthington

Address 864 Hanlon St Date signed 5/15/42 M. D.

F 92238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 92238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PARAGON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 W. WEST ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W. WEST ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME TIMOTHY T. KEARNS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
SPANISH AMERICAN	215-07-9617	MALE	WHITE	MARRIED

6 (b) Name of husband or wife CATHERINE A. KEARNS
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) FEB. 12, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	3	2		

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation STEAM ENGINEER
11. Industry or business PIANO FACTORY

FATHER
12. Name TIMOTHY T. KEARNS
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name MARY SLADEN
15. Birthplace UNKNOWN

16 (a) Informant Catherine A. Kearns (wife)
(b) Address 201 W. West St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory NATIONAL CEM.
Location FREDERICK ROAD

18 (a) Funeral director J. A. Kearns & Son
(b) Address 1216 E. Charles St.

19 (a) MAY 16 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1942 to 5/14 1942 and that I last saw h[illegible] alive on 19

Immediate cause of death: Lobar pneumonia 5 days
Due to
Due to
Other Conditions: Acute pleurisy 6 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Miller
Address 1226 E. Charles ST. Date signed 5/15/42

VS 3

F 92239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C

Registered No. F 92239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA BUCHANAN DE. BULLET

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Eugene DeBullet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1873

8. AGE: Years 68 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Hollis Buchanan
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Henrietta Bittinger
15. Birthplace Balto., Md

16 (a) Informant Eugene de Bullet
(b) Address Latrobe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md.

18 (a) Funeral director Henry H. Jenkins Sons Co.
(b) Address McCulloh - Orchard Sts.

(By) Huntington Williams M.D.

MAY 18 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 11:55 a m

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions mental dependency.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 14, 1942 at 7 a M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury revolver

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 5-14-42

F 92240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 92240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 3st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.20da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIE D. HOSKINS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Pearl Briscoe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1886

8. AGE: Years	Months	Days	If less than one day
55	& 7	16	hr. min.

9. Birthplace Danville, North Carolina (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Megagar Hoskins
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Alice Pinkston
15. Birthplace New Jersey

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-42 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore

18 (a) Funeral director Sam'l H. Chase Sgn
(b) Address 638 N. Gilmor St

19 MAY 16 1942 (b) Huntington Williamsville, M.D.
(Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1942, at 1:10a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25, 1942, to May 15, 1942, and that I last saw him alive on May 15, 1942.

Immediate cause of death: TUBERCULOSIS, PULMONARY, CHRONIC, FAR ADVANCED — Duration 9 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/15/42 M. D.

VS 8

F 92241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

F 92241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Druid Hill Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Maude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1882

8. AGE: Years	Months	Days	If less than one day
59 57	10 11	10 29	hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Kay's Restaurant

FATHER
12. Name Paige Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant William Johnson Jr.
(b) Address 911 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 16 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore City

18 (a) Funeral director Charles R. Law
(b) Address 802 Harlem Ave.

19 MAY 16 1942 (Registrar's signature) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to May 14 1942 and that I last saw h[illegible] alive on 19

Immediate cause of death Emphysema

Due to Spontaneous Pneumothorax

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackins M. D.
Address Provident Hosp. Date signed 5/15/42

F 92242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 92242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5-1900

8. AGE: Years	Months	Days	If less than one day
42	1	10	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Burgsord
13. Birthplace Va.

MOTHER
14. Maiden Name Lillie Jackson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolphus Hall Sons
(b) Address 918 Druid Hill Ave.

19 MAY 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1942, at 12 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1942 to 5-15 1942, and that I last saw h[illegible] alive on 5-15 1942.

Immediate cause of death
Cerebral thrombosis
Cardiac failure
Due to Hypertensive cardiovascular lesions
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5 days
7

Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rob[illegible]
Address Balto. City Hosp. Date signed 5-15-42 M. D.

VS 2

F 92243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No.

F 92243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 W. Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joyce Jones (Birth F 37376)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-21-41

8. AGE: Years	Months	Days	If less than one day
	6	23	hr. min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Joseph Wagner

13. Birthplace Petersburg va.

MOTHER 14. Maiden Name Priscilla Jones

15. Birthplace va.

16 (a) Informant Priscilla Jones

(b) Address 127 W Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-16-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a.a. County

18 (a) Funeral director Adolphus Hairston

(b) Address 918 Druid Park Ave

19 MAY 16 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-1942 at 8:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death

Bronchio-pneumonia

Due to

Due to

Other Conditions Hyperthyroidism Heart Congenital

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard [illegible] M.D. Medical Examiner.

Date signed 5-14-42

F 92244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. F 92244

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 579 Orford st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 579 Orford st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Skates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	M

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1899

8. AGE: Years	Months	Days	If less than one day
43	-	-	hr. min.

9. Birthplace Brookneal Va.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Mac Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Hubbard
15. Birthplace Va.

16 (a) Informant Charles Skates
(b) Address 579 Orford st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Brookmeil
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Darling Hill ave.

19 (a) MAY 16 1942 (b) Huntington Williams M.D.
(Registrar) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 16 1942 and that I last saw h[illegible] alive on May 14 1942

Immediate cause of death — Duration

Cerebral Hemorrhage — 2 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature J. Douglas Sheppard M.D.
Address 163 Frederick st Date signed 5/19/42

VS 3

F 92245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 92245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keswick & 40th Sts.
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Newington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH PARKER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Mary B.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 1, 1868
8. AGE: Years 74 | Months 3 | Days 13 | If less than one day hr. min.
9. Birthplace Church Creek, Md. (Town, county, and state)
10. Usual Occupation salesman - retired
11. Industry or business

FATHER
12. Name Joshua Parker
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia W. Busick
15. Birthplace Md.

16 (a) Informant Mr. James Parker - brother
(b) Address 722 Newington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) Date received MAY 16 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1941 to 5/14 1942 and that I last saw h[illegible] alive on 5/17 1942

Immediate cause of death: Heart Block?
Due to: Hypertensive Cardio-Vascular renal disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: Immediate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Hesperger, M. D.
Address 214 Medical Arts Bldg. Date signed 5/14/42

F 92246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 Denver Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Denver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jose S Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-8991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15 1899

8. AGE: Years	Months	Days	If less than one day
~~44~~ ~~43~~ 42	4	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Carr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Eliza Hooper
15. Birthplace Baltimore Md

16 (a) Informant James Carr.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Daniel A Brown Son
(b) Address 1018 W Monroe Street

19 (Date rec'd by registrar) MAY 16 1942 Huntington Williamsburg MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1942 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to May 13 1942 and that I last saw him alive on May 13 1942.

Immediate cause of death Syncope
Fractured Obstruction
Due to Unknown

Duration
2 days

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Gaines M. D.
Address 665 W Barre St Date signed 5/18/42

VS 8

F 92247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-C

Registered No. F 92247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A.
(c) City or town Glenburnie
(If outside city or town limits, write RURAL and give town)
(d) Ward No. Glenburnie A A Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Halch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Elijah
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1919

8. AGE: Years	Months	Days	If less than one day
22	5	2	hr. min.

9. Birthplace A A Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H McDonald
13. Birthplace A A Co Md

MOTHER
14. Maiden Name Maud Cole
15. Birthplace Baltimore Md

16 (a) Informant Maud McDonald
(b) Address Glenburnie A A Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/42 (month) (day) (year)
(c) Cemetery or crematory Marley Neck
Location A A Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1058 W Montgomery St

19 (a) (b) Registrar
Date received by registrar MAY 16 1942
VS 2 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 14 1942 and that I last saw her alive on May 14 1942.

Immediate cause of death: Post partum Hemorrhage — Duration 5 hrs
Due to: Retained Placenta
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katzker
Address South Balt Gen Hosp Date signed 5/14/42

F 92248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92248

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 W Franklin Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W Ross

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1897

8. AGE: Years	Months	Days	If less than one day
65	1	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER
12. Name Horatio Ross
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jane Cornish
15. Birthplace Baltimore Md

16 (a) Informant Annie Hawkins
(b) Address 928 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1080 W Monumental St

19 (a) (b)

(Signature of local registrar)

MAY 16 1942

Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1942, at 1:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1942 to 5-14 1942 and that I last saw h[illegible] alive on 5-14 1942

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
12 hrs.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Macander

Address 8944 N. Carey St. Date signed 5-14-42 M. D.

F 92249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 92249 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Cator Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 611 Cator Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Edward Abrahams Jr.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 213-09-8830

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Geneva May Abrahams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 12, 1883
8. AGE: Years 58 | Months 7 | Days 2 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Arthur Thomas Co.
FATHER 12. Name Charles E. Abrahams Sr.
13. Birthplace Baltimore
MOTHER 14. Maiden Name Carrie Summers
15. Birthplace Baltimore
16 (a) Informant Mrs. Geneva May Abrahams
(b) Address 611 Cator Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Weisburg
Location Weisburg Md.
18 (a) Funeral director Wm. J. Sickles & Sons
(b) [illegible] Pa. Ave.
19 (a) MAY 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1942, at 2:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 1941 to May 14 1942 and that I last saw HIM alive on May 13, 1942.

	Duration
Immediate cause of death: Carcinoma of Rectum with Metastasis	1 1/2 yrs.?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April, 1941
Major findings of operation: Carcinoma of rectum.
Autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave. Date signed May 14 1942

VS 3

F 92250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 92250 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 112 South Duncan St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Bertazzon

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2/1925

8. AGE: Years 17 | Months 3 | Days 13 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Bertazzon
13. Birthplace Italy

MOTHER
14. Maiden Name Katie Liberto
15. Birthplace Baltimore Md.

16 (a) Informant Katie Liberto (Mother)
(b) Address 112 S. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 1102 N. Morley St.

MAY 19 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3/20 1942, to 5/16 1942, and that I last saw him alive on 5/16 1942

Immediate cause of death: Coronal failure — Duration: 5 days

Due to: Rheumatic heart disease with Arterial stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Tompkins
Address St Joseph's Hospital Date signed 5/15/42 M.D.

VS 3

F 92251 ✓ F 92251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVE RIBBON FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 Rutland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Moseley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Elizabeth Moseley

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1879

8. AGE: Years 62 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name Charles Moseley
13. Birthplace N. C.

MOTHER
14. Maiden Name Caroline Granville
15. Birthplace N. C.

16 (a) Informant Mary Moseley
(b) Address 923 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/42 (month) (day) (year)

(c) Cemetery or crematory Asbury Evergreen Cem.
Location

18 (a) Funeral director Joseph D. Locke Jr.
(b) Address 1864 N. Central Ave.

19 (a) MAY 16 1942 (Date rec'd by registrar) (b) Huntington Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-42 - 5 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 3/1 1942 to 3/13 1942 and that I last saw him alive on 19

Immediate cause of death: Acute Heart Disease — Duration 5 wks

Due to: Jaundice Cirrhosis of the Liver — 5 wks

Due to: Arteriosclerosis — over 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas R. Blake M. D.
Address 1327-H Eastern Ave. Signed 5/15/42

VS 2

F 92252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 S. Dallas St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 S. Dallas Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Henry Andrzej [redacted] Pika

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-7910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of wife Katherine Pika
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 1883

8. AGE: Years	Months	Days	If less than one day
60	1		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Pika
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ?
15. Birthplace Poland

16 (a) Informant Mrs. Katherine Pika -(Wife)
(b) Address 423 S. Dallas Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 704 S. Ann St.

19 (a) MAY 16 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 1:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to: hypertensive cardio-vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner
Date signed May 15 1942

VS 6

F 92253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115 B

F 92253 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Gilmore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarice Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-27-32

8. AGE: Years 9 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Dorsey
13. Birthplace Md.

MOTHER 14. Maiden Name Edna Hill
15. Birthplace Md.

16 (a) Informant Ricardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cem.
Location Towson, Balto., Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 8 45 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 15 1942 and that I last saw h[illegible] alive on May 15 1942

Immediate cause of death Septic Sore Throat; Broncho-Pneumonia — Duration 5 da.

Due to B hemolytic streptococci

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank R. Lineman Jr. M.D.
Address J. Hopkins Hosp. Date signed 5-15-42

F 92254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 16-a F 92254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Ellamont Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Ellamont Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH JORDAN WALSHE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife: Edward C.
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 9, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	5	hr. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Robert Briggs
13. Birthplace: Ireland

MOTHER
14. Maiden Name: uhknown
15. Birthplace:

16 (a) Informant: Mr. R. J. Walshe - son
(b) Address: 3605 Ellamont Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto., Md.

19 (Date received by Registrar) MAY 16 1942 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1942, at 12noon

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to May 14 1942 and that I last saw her alive on May 14 1942

Immediate cause of death	Duration
Uraemia	2 hrs
Due to Cardio vascular renal disease	2 yrs
Due to	
Other Conditions Fractured left femur (Include pregnancy within 3 months of death)	

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 1942 at M
(c) Where did injury occur? Baltimore (City or town) (County) Maryland (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fall on floor at home

23. Signature [illegible] M.D.
Address 4710 Liberty Hts. Date signed 5/15/42

approved Robert Lee Patterson M.D.

F 92255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 92255 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Stiles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Stiles St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph. Tuzzi
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	married

6 (b) Name of husband or wife April 27, 1872
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May Tuzzi

8. AGE: Years	Months	Days	If less than one day
70.	-	17	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Terrazzo Helper
11. Industry or business

FATHER
12. Name Louis Tuzzi
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Scognialle
15. Birthplace Italy

16 (a) Informant Charles Tuzzi
(b) Address 1013 Stiles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell Gilliard
(b) Address 315 S. Broadway

19 (a) MAY 16 1942 (Date received by Local Registrar) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13 1941 to May 14 1942, and that I last saw h. alive on May 14 1942.

Immediate cause of death	Duration
Acute Cardiac Collapse	1 hr.
Due to Cardiac Hypertrophy & Arteriosclerosis	9 mos.
Due to Arteriosclerotic Cardio-Vascular Renal	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ira Summerfield.
Address Medical Arts Bldg. Date signed May 15/42

VS 3

F 92256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 92256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 S. Conkling St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BRONISLAW BRONGOWZEWSKI

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Brongowzewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6. 1891.

8. AGE: Years 51 | Months 4 | Days 9/2. | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Barber.

11. Industry or business

FATHER
12. Name Anthony Brongowzewski
13. Birthplace Poland

MOTHER
14. Maiden Name Amuta Kozlowska
15. Birthplace Poland

16 (a) Informant Bernice Brown.
(b) Address 731 S. Stricker St. 730 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19. 1942 (Month, day)

(c) Cemetery or crematory Holy Redeemer
Location Irappe Road

18 (a) Funeral director Medairl & Hopel
(b) Address 312 S. Highland Ave

19 (a) MAY 16 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 3 25/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular renal disease	
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 5-15-42

VS 6

92257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-D F 92257
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Harbor at foot of
(c) Hospital or institution: Bond St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr. 6 mos

2. USUAL RESIDENCE OF DECEDENT:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(d) Street No. 2700 Old Harford Road
(If outside city or town limits, write RURAL and give town)
(If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Peters Jr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 150-10-8754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 | 23 | 1903

8. AGE: Years	Months	Days	If less than one day
38	7	22	hr. min.

9. Birthplace Davenport Iowa (Town, county, and state)

10. Usual Occupation Coil Winder

11. Industry or business Bendix Corp

FATHER
12. Name William Peters Sr
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Bruskin
15. Birthplace Germany

16 (a) Informant Edward Peters
(b) Address 1213 W. 7th Chester Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/16/42 (month) (day) (year)
(c) Cemetery or crematory Chester Rural
Location

18 (a) Funeral director Deligan Cook
(b) Address 217 St Paul Street

MAY 16 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 3:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry and its findings are recorded thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry and a Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration:
Due to: jump into harbor
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 16 1942 at 3:15 P M
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specify type of place) While at work? no
(e) Means of injury jump into harbor

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 16 1942

M. D. B. 1268-9

F 92258 ✓ F 92258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Chesley ave St. 27-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria Lenotti Zanetti

(a) Residence: No. 2902 Chesley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Zanetti

6. DATE OF BIRTH (month, day, year) April 10th 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Lenotti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Guerino Zanetti

(Address) 2902 Chesley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 18, 1942

19. UNDERTAKER Frank V Pipitone

(Address) 2118 E Baltimore St

20. FILED MAY 17 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1941, to May 16, 1942

I last saw her alive on May 13, 1942 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Generalized arteriosclerosis

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Bayliss M. D.

(Address) 5217 Harford Rd.

F 92259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92259 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

93-1

3 (a) FULL NAME Esther Sarah Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Samuel Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Joseph Wolf
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Druker
15. Birthplace Russia

16 (a) Informant Mrs Anna Davidson
(b) Address 2505 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Sol Levinson & Bros 1124 1126 W North Ave

18 (a) Funeral director
(b) Address

19 (a) Date (month) (day) (year) (b) Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

10.45

20. DATE OF DEATH May 15, 1942 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1937 to May 15 1942
and that I last saw h- alive on May 15 1942
Immediate cause of death Coronary Thrombosis — Duration 1 day.
Due to Arteriosclerosis — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lechman M. D.
Address 2322 Eutaw Pl Date signed May 15 1942

F 92260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 92260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD + CALVERT ST
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (~~years, months, or~~ days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO. CO
(c) City or town GOUDS P.O. BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. WEST BELLONA AVE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EDNA PARLETT (EDNA PARLETT)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 23 1885

8. AGE: Years	Months	Days	If less than one day
56 57	7	23	hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JOHN F PARLETT
13. Birthplace MD.

MOTHER
14. Maiden Name SUSAN EVANS
15. Birthplace MD

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W Jenkins Sons
(b) Address 20 McCulloh & Richard St

19 (a) (Date rec'd by registrar) MAY 17 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 5:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 13 1942, to MAY 16 1942, and that I last saw her alive on MAY 16 1942

Immediate cause of death (GENERALIZED) CARCINOMATOSIS — Duration 3 MOS

Due to CA OF BREAST + OVARY

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Nolan, M.D.
Address Union Memorial Hospital Date signed 5/16/42

F 92261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 92261

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Brunt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD JONES 73927

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1913

8. AGE: Years	Months	Days	If less than one day
28	10	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche Pinkett
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory St Peters md
Location

18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Presstman St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942, to May 15 1942, and that I last saw h alive on May 15 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 5-16-42

F 92262 Adolphus White

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 92262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Pronounced Dead Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 1035 N Eutaw St (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adolphus White

3 (b) If veteran, name war: World | 3 (c) Social Security Account No. 217-07-7119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER 12. Name Adolphus White
13. Birthplace Va.

MOTHER 14. Maiden Name Laura Russell
15. Birthplace Va.

16 (a) Informant Rudolph White
(b) Address Richmond, Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-17-42 (month) (day) (year)
(c) Cemetery or crematory Richmond
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 916 Brickhill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subdural and subarachnoid hemorrhage
due to [redacted]
due to bullet wound of head.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 16 1942

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 15 1942 at M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury [redacted]

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed May 17 1942

F 92263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Harp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Marion Harp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 17, 1870

8. AGE: Years	Months	Days	If less than one day
71	6	27	hr. min.

9. Birthplace Thistle, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jerome Owens
13. Birthplace Phoenix, Md.

MOTHER
14. Maiden Name Liza Bolden
15. Birthplace Unknown

16 (a) Informant Mrs. Marion Harp
(b) Address 1917 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) MAY 17 1942 (b) Huntington Williams, M.D. Address

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 3.45P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 - 1942 to May 14 1942 and that I last saw h alive on May 14 1942

Immediate cause of death Myocardial Failure — Duration 3 mo
Due to Arteriosclerosis — 6 years
Due to
Other Conditions Diabetes
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Medical Arts Bldg. Date signed 5-16-42

F 92264 BALTIMORE CITY HEALTH DEPARTMENT F 92264

CERTIFICATE OF DEATH 46-E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave.
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Luke's Lane (If rural give location)
Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. William G Sutch
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dora Sutch
6 (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) August 5, 1865

8. AGE: Years	Months	Days	If less than one day
76	9	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Self

FATHER
12. Name Daniel Sutch
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Annie Radish
15. Birthplace Maryland

16 (a) Informant Mrs. Dora Sutch
(b) Address St. Luke's Lane, Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director [illegible]
(b) Address 1000 E. Baltimore St.

MAY 17 1942 (a) (Registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1942, at 10 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1942, to May 15, 1942, and that I last saw h[illegible] alive on May 15, 1942.

Immediate cause of death
(Gen- operative)
Generalized peritonitis
Due to Carcinoma of Colon

Due to

Other Conditions Prostatic hypert. benign.
(Include pregnancy within 3 months of death)

Date of operation May 13, 1942

Major findings of operation: Generalized abdominal Carcinomatosis

of autopsy:

Duration	
2 days	
7 mo.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gott M.D.
Address W O G H Date signed 5/15/42

F 92265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 92265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere ave
(c) Hospital or institution: aged Home
(d) Length of stay in ~~hospital or inst.~~ (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 E. Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Samuel Goloskov

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Kovler

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): 1874

8. AGE: Years 68 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Sexton

11. Industry or business

FATHER — 12. Name: Yesah Goloskov
13. Birthplace: Russia

MOTHER — 14. Maiden Name: Kotrown
15. Birthplace: Russia

16 (a) Informant: Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/42 (month) (day) (year)
(c) Cemetery or crematory: Old Eastern Jewish cemy
Location: Mt Carmel

18 (a) Funeral director: Jos. Levin Jr
(b) Address: 1439 E. Balto St

19 (a) (Date received by Registrar) (b) Registrar: Huntington Williams, M.D.

MAY 17 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942, to May 16 1942, and that I last saw h~~im~~ alive on May 16 1942.

Immediate cause of death
Cancer of rectum with metastasis to bladder

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed 5/17/42

F 92266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 92266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Diana H. Rosen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Maier J. Rosen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1860
8. AGE: Years 82 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Style

FATHER
12. Name Philip Ronn
13. Birthplace Russia

MOTHER
14. Maiden Name Dara
15. Birthplace Russia

16 (a) Informant Mrs Ida Stutman
(b) Address 1610 N. Bentalou
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-42 (month) (day) (year)
(c) Cemetery or [redacted] Location Rosedale
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St
MAY 17 1942 (Date rec'd by registrar) (b) Huntington Woods Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1942 11:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1942 to 5/16 1942 and that I last saw h alive on 5/16 1942

Immediate cause of death: Generalized arterio-sclerosis — Duration: ?
Due to: Diabetes mellitus — Duration: ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harold A. Jacobs M.D.
Address 4 B 9 H Date signed 5/12/42

VS 3

F 92267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Lafayette Ave. (If rural give location)
(e) Was deceased a resident of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Gaddis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Melvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21-1895

8. AGE: Years 47 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Lecato
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Green
15. Birthplace Md. - Baltimore

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MAY 17

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1942 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1942, to 5-13 1942 and that I last saw her alive on 5-13 1942.

Immediate cause of death

Post Operative Shock — Duration 24 hrs

Due to Removal of Necrotic Ovarian Cyst

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-12-42

Major findings of operation Large ovarian Cyst

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Heft
Address Balto City Hosp Date signed 5-13-42

F 92268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Wyeth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) nil
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 E Wyeth St (If rural give location)
(e) If foreign born, how long in U. S. A. 57 years

27

3 (a) FULL NAME Caroline Schuck
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F Female	W	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 16 - 1863

8. AGE: Years	Months	Days	If less than one day
78	7	29	hr. min.

9. Birthplace Germany Aber Road (City, county, and state)
10. Usual Occupation Retired
11. Industry or business Home wife

FATHER
12. Name Gustoff Rolle
13. Birthplace Germany

MOTHER
14. Maiden Name Yankubow
15. Birthplace Germany

16 (a) Informant Henry S Schuck
(b) Address 628 Wyeth St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Charles P Fogwell
(b) Address 2427 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13-42 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 13 1942, and that I last saw h alive on May 9 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 hr.
Due to Arteriosclerotic C.V.D.	10 yrs.
Due to	
Other Conditions Diabetes Mellitus	years.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Hughstein M. D.
Address 888 W. Lombard St Date signed 5-18-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93 D

F 92269

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2715 Tivoly Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ———

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2715 Tivoly Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Knauer

3 (b) If veteran, name war

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 16. 1889

8. AGE: Years	Months	Days	If less than one day
53 yrs	—	—	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Book-Keeper

11. Industry or business Retired

FATHER

12. Name George Knauer

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Roesel

15. Birthplace Baltimore Md.

16 (a) Informant George Knauer

(b) Address 1937 E. 31st. Street

17 (a) London Park (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Fredeyick ave.

18 (a) Funeral director Geo Schillinger Sons

(b) Address 3624 Greenmount ave

19 (a) MAY 17 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 [redacted] A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to May 1942 and that I last saw him alive on May 16 1942

Immediate cause of death Myocardial Insufficiency — Duration 1/2 day

Due to Arterio Sclerosis

Due to Over weight

Due to Big appetite

Other Conditions Myocardis

Weakness.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury

23. Signature Chas. L. Zimmerman

Address 2958 Dalgan Date signed 5/17/42

F 92270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 92270 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 N. Montford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred. Peterson Alfred J. Peterson

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 216-16-6748

4. Sex: Male
5. Color or race: Mulat
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Peterson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 12 1894
8. AGE: Years 48 Months 4 Days 2 If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Fireman Hot and Hot
11. Industry or business

FATHER
12. Name: Peter Peterson
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Frances Ruthkowski
15. Birthplace: Poland

16 (a) Informant: Mrs. Mary Peterson Wife
(b) Address: 1209 N Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: Baltimore County

18 (a) Funeral director: John M Welby
(b) Address: 401 S. Chester Street

MAY 18 1942 (Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1942 at 10 35 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Acute Pulmonary Edema — Duration:
Due to: Chronic Myocardial Degeneration
Due to:
Other Conditions: Hyper Arteriosclerosis & Acute Dilatation of Heart
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Was autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard J. Madden M.D. (Medical Examiner.)
Date signed 5-14-42

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 92271
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Arundel Hotel Charles & Mt. Royal Aves
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME CHRISTOPHER HENRY NIEMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Mary Weinreich
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct. 7. 1866

8. AGE: Years	Months	Days	If less than one day
75	7	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation U.S. Mail Carrier
11. Industry or business Retired 12 years

FATHER
12. Name Christopher Henry Nieman Sr. deceased
13. Birthplace Germany

MOTHER
14. Maiden Name ? Hartman -deceased
15. Birthplace Germany

16 (a) Informant Mrs. Mildred I. Tavik
(b) Address 3120 Kentucky Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) (Date rec'd by registrar) MAY 18 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 15 1942 and that I last saw him alive on May 15 1942.

Immediate cause of death Myocardial failure — Duration

Due to Cardiac Hypertrophy & Chronic pyelitis Left Kidney

Due to Hypertensive Cardio-vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 5/15/42

F 92272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-3

F 92272 Registered No.

Forms will be mailed, with envelopes, to every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2926 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ALFONSO TENAGLIA

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Domenica Rose Tenaglia
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 22. 1879

8. AGE: Years	Months	Days	If less than one day
63	2	23	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Musician-Municipal Band
11. Industry or business retired in Dec. 1941

FATHER
12. Name Joseph Tenaglia-deceased
13. Birthplace Italy

MOTHER
14. Maiden Name Sabia Deoregoria-deceased
15. Birthplace Italy

16 (a) Informant Mrs. Rose Tenaglia (Wife)
(b) Address 2923 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Pk.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Name of registrar) (b) Huntington Williams, M.D.

MAY 18 1942
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15. 1942 at 4.25 A.M. (19 , at M)

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1942 to May 15, 1942, and that I last saw him alive on May 14, 1942.

Immediate cause of death Cirrhosis of Liver — Duration 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cerasoni M. D.
Address 5-14 Henry Lane Date signed 5/15/42

F 92273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William Goldsborough Matthews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1871

8. AGE: Years	Months	Days	If less than one day
70	9	3	hr. min.

9. Birthplace Baltimore City Md (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business —

FATHER
12. Name George A Matthews
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Lewis
15. Birthplace Md

16 (a) Informant Enaire S. Howard - sister
(b) Address 1743 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Jno. M. Johnson
(b) Address 702 Druid Hill Ave

19 (a) MAY 18 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1942 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to May 1942 and that I last saw him alive on May 13 1942

Immediate cause of death (a) Cerebral Hemorrhage (Secondary)
Due to Arteriosclerosis
Due to Senility
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Grant Scott
Address 304 N. Bible St Date signed 5-16-42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F-92274 F-92274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

F 92274 F-92274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 719 N. Bruce Street (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT CARR

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Evelyn Carr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Carr
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Sarah Hawkins
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Evelyn Carr
(b) Address 719 N. Bruce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co, Md.

18 (a) Funeral director
(b) Address

19 MAY 18 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, at 1:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death hemorrhage	
Due to stab wound of heart.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 16, 1942 at M
(c) Where did injury occur? Baltimoe, Md. In front of 1538 W. Lanvale St. (or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Stab wound, penknife.

23. Signature Robert Lee Scarborough M.D. Medical Examiner.
Date signed May 17 1942

VS 6

PRINTED WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92275 73932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27-a

F 92275 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Llewellyn, Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Williams Eric Jackson (Birth F-46015)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, ~~married, widowed, or~~ ~~divorced~~ (strike out words not applicable)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1942

8. AGE: Years | Months: 1 | ~~Days~~ 3 weeks 2 days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Hazel Williams
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-42 (month) (day) (year)
(c) Cemetery or crematory M. Setauket
Location Baltimore

18 (a) Funeral director Sam'l. F. Chase Son
(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1942, to 5-15 1942; and that I last saw h[illegible] alive on 5-15 1942.

Immediate cause of death: Bacillary Dysentery — Duration

Due to

Due to

Other Conditions Heart Failure
Chronic Nephritis Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Ulcers ileum & colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lyman A. Greaby M. D.
Address Sinai Hospital Date signed 5/19/42

F 92276

F 92276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3Bsd & Calvert st.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Thornbury Rd mt washington city
(e) Citizen of foreign country? (Yes or No)
If yes, name country canada

3 (a) FULL NAME Mrs Ida Harris mcoly

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife John W. Mealy 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1857

8. AGE: Years	Months	Days	If less than one day
84	11 10	121	hr. min.

9. Birthplace New Brunswick, Canada. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Edward Harris
13. Birthplace ?

MOTHER
14. Maiden Name Sorch Fowler
15. Birthplace ?

16 (a) Informant Judd Mealy
(b) Address 225 Hawthorne Road

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof May 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director John Oursler Sons
(b) Address 1800 Eutaw Place

19 (a) MAY 18 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 9 Wo PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 17 1942, and that I last saw her alive on May 17 1942.

Immediate cause of death Lobar Pneumonia
Left Lower Lobe

Duration 6 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Fredrick M.D.
Address Union Memorial Hosp. Date signed 5-17-42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92277

F 92277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Avenue
(c) Hospital or institution:
Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen A. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1856

8. AGE: Years	Months	Days	If less than one day
85	10	21	hr. min.

9. Birthplace Franklin, Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Withy
13. Birthplace ?

MOTHER
14. Maiden Name Grace Hirst
15. Birthplace ?

16 (a) Informant Mary Whitfield
(b) Address 503 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bel Air Road

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1600 Eutaw Place

19 MAY 18 1942 (Date received by registrar) (b) Instructions for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16- 1942, at H.O. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1- 1942, to 5-16- 1942, and that I last saw h[illegible] alive on 5-15- 1942.

Immediate cause of death
Chronic Myocarditis
Due to old age.
Due to
Other Conditions

Duration
several years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert A. Blake M. D.
Address Medical Arts Bldg. Date signed

VS 2

F 92278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-9

Registered No.

F 92278

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland Ave.
(c) Hospital or institution: Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Melville Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah K. Jenkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Wm. Edgar Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/7/60

8. AGE: Years 81 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Richard Meginnis
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret A. Thompson
15. Birthplace Balto. Md.

16 (a) Informant Miss. Sarah E. Donoho
(b) Address Plaza Apts. Park Ave. & Wilson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John Oursler Sheckells Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 18 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941, to May 16 1942, and that I last saw her alive on May 15 1942.

Immediate cause of death
Carcinoma of Rectum — Duration 6 mo.
Due to Senile Cachexia — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Hickman M. D.
Address 6 E. Biddle St. Date signed

F 92279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D Registered No.

F 92279

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. and Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 S. Dean St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 25 yrs. years

3 (a) FULL NAME Louis Laumers

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-2731

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret Shiffler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1888

8. AGE: Years 53 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Batins, Germany (town, county, and state)

10. Usual Occupation Machinist Helper

11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Laumers
(b) Address 816 S. Dean St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eutaw Place, Huntington Terrace, Md.

19 (a) (b) Registrar

Date received in register MAY 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 10:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942, to May 14 1942, and that I last saw he alive on May 14 1942.

Immediate cause of death: acute Myocardial failure — Duration

Due to Syphilitic aortitis and Myocarditis — Duration

Due to Untreated Syphilis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 5/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92280

Registered No.

E.S.(73813)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Compton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Dailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	2	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Dailey
13. Birthplace Deleware

MOTHER
14. Maiden Name Ellen Bulger
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Earle Funeral Home
Address 918 W. Mt. St.

19 (Date rec'd by registrar) MAY 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-42 19 , at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1942 to 5-16 1942, and that I last saw him alive on 5-16 1942.

Immediate cause of death Myocardial thrombosis
Generalized arteriosclerosis — Duration: ? ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Ross Jr. M. D.
Address Balt City Hosp Date signed 5-17-42

VS 3

F 92281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Gwynn Oak Avenu
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Gwynn Oak Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth K. Bald

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick W. Bald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 15- 1862

8. AGE: Years 79 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace: Emmitsburg, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: William Krise
13. Birthplace: Emmitsburg, Md.

MOTHER
14. Maiden Name: Rebecca Stover
15. Birthplace: Pennsylvania

16 (a) Informant: Mr. Frederick W. Bald
(b) Address: 3604 Gwynn Oak Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18th 1942 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: 4 North & Penna Aves.

19 MAY 18 1942 (Date rec'd by registrar) (b) Huntingtor Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15th 1942 at 9.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1942 to May 15 1942, and that I last saw her alive on May 14 1942.

Immediate cause of death: Coronary Sclerotic Heart Disease & Angina Pectoris — Duration: 17yrs.?
Due to: Fibrillation
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: None
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Earl L. Chambers
Address: 4108 Liberty Hts. Date signed: M. 5 D. 16 42

VS 3

Penalty for wilfully making any false statement in this certificate is fine not exceeding $100 and imprisonment not exceeding one year. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 32282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

F 92282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave - Madison St.
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5334 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodosia D. Olmstead

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Julia T. Olmstead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/1856

8. AGE: Years	Months	Days	If less than one day
86	2	1	hr. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business jeweler

FATHER
12. Name James Olmstead
13. Birthplace New York

MOTHER
14. Maiden Name Catherine E. DeForest
15. Birthplace New York

16 (a) Informant Dr. W. D. Olmstead
(b) Address Longfellow Hotel

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date received by Registrar) MAY 18 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1942, to 5-16 1942, and that I last saw h... alive on 5-16 1942.

Immediate cause of death: Cerebral Embolism — Duration

Due to:

Due to:

Other Conditions: Arteriosclerosis
Adeno myoma of Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operation: 5-13 "42 Transurethral resection (adenomyoma prostate)
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Longbrake M.D.
Address Md. General Hosp. Date signed 5/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92283

F 92283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs 7 mos 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs 4 mos. 29 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurable, 700 W 40th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Faith Virginia Curtis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1900

8. AGE: Years	Months	Days	If less than one day
41	4	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business

FATHER
12. Name Thomas W. Curtis
13. Birthplace Accomac, Virginia

MOTHER
14. Maiden Name Florence Burke
15. Birthplace Baltimore, Maryland

16 (a) Informant Home for Incurable Records
(b) Address 700 W. 40th St. Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (Signature) MAY 18 1942 (Title) for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1942, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938 to May 15 1942, and that I last saw her alive on May 15 1942.

Immediate cause of death: Bronchial pneumonia — Duration 9 days
Due to:
Due to:
Other Conditions: Friedreich's ataxia — 1934
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conrad Wolff
Address 11 E. Chase St Date signed 5/16/42

VS 8

F 92284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 92284 Registered No.

PRESS WHITE PENCIL WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. Monastery Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Monastery Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Fay Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife late Anna E. Fay.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	12	hr. min.

9. Birthplace Baltimore. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Henry Fiedler & Son

FATHER
12. Name Joseph Fay
13. Birthplace Germany.

MOTHER
14. Maiden Name Carolina Michael
15. Birthplace Germany.

16 (a) Informant Mrs. Geo Stallings
(b) Address 123 S. Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 W. Mulberry St.

19 (d) MAY 18 1942 (Date rec'd by local reg.) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1942 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to May 15 1942 and that I last saw h[illegible] alive on May 13 1942

Immediate cause of death Cerebral hemorrhage
Arteriosclerosis / cardiac
myocardial disease

Duration 1 day / 1 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thaddeus E. Stacy
Address 3803 Edmondson Ave Date signed M/D 5/17/42

VS 2

F 92285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92285 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 E. Fairmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 E. Fairmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Berry

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	M.

6 (b) Name of husband or wife Olivia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Olivia Berry
(b) Address 1414 E. Fairmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 18 (Day) 42 (Year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Braintlayan

19 (a) MAY 18 1942 (b) Registrar
Registrar's signature Huntington Williams, MD

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1942, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1942 to May 13 1942 and that I last saw h/M alive on May 12 1942

Immediate cause of death Hypostatic Congestion — Duration 2 hrs
Due to
Due to
Other Conditions Diabetes Mellitus — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mamie Adams
Address 312 E 23rd St Date signed 5-16-42 M. D.

F 92286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19

F 92286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 N. Dallas St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT THORNTON

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/1/27

8. AGE: Years	Months	Days	If less than one day
14	10	14	hr. min.

9. Birthplace Baltimore md.
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Jno Thornton
13. Birthplace Pennsylvania Pa

MOTHER
14. Maiden Name Jenkins Hall
15. Birthplace Washington D C

16 (a) Informant Katie Mackel
(b) Address 104 Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 MAY 18 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 42 at 12 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Tuberculosis glandular — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmeber M.D.
Medical Examiner.
Date signed 5-15-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 92287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95e F 92287

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2487 Druid Hill Ave 43-3 WARD)

2-FULL NAME Eugene Evans

(a) RESIDENCE No. 2487 Druid Hill Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Evans

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years: 67 Months: ..... Days: ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Cora L. Wright
(Address): 2487 Druid Hill Ave

15 MAY 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15, 1942

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1942, to May 14, 1942

that I last saw him alive on May 14, 1942

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) History indefinite yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) R. Garland Ahrens M. D.

, 19 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 5/18 1942

20 UNDERTAKER: Elroy Wilson

ADDRESS: 1000 Brantley Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-D

F 92288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1516 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Pearl Walston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If married, widowed, or divorced, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1938

8. AGE: Years 4 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob H Walston
13. Birthplace Pitt Co N. C.

MOTHER
14. Maiden Name Lilly May Karney
15. Birthplace Farlo N C

16 (a) Informant Jacob H. Walston
(b) Address 1516 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Johnson st

19 MAY 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1942 to April 15 1942, and that I last saw her alive on May 15 1942.

Immediate cause of death: Respiratory failure — Duration: 1 mo.

Due to: Intra cranial Tumor — Duration: 2 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Levestein
Address University Hosp. Date signed May 18 1942

VS 8

Physician will fill in items 20 to 23, inclusive. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92 89

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-W F 92 89

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Druid Hill Ave St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 803 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Johnson

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GREEN SPRING VALLEY Md

FATHER

13. NAME Josia Brown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Anna Brown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT (Address) Mildred Johnson

18. BURIAL, CREMATION, OR REMOVAL md Place Greenspring Valley Date May 18 1942

19. UNDERTAKER Most City R. Williams (Address) 3221 Edmondson St.

20. FILED MAY 18 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1942 to May 14, 1942

I last saw her alive on May 14, 1942 Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	7 1

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L. Wheeler M. D.

(Address) 1230 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered F 92290

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 606 W Saratoga St
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY WASHINGTON JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/2/1911

8. AGE: Years	Months	Days	If less than one day
30 31	6	1	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name Jamys Washington
13. Birthplace S C

MOTHER
14. Maiden Name Daisy Simmons
15. Birthplace S. C.

16 (a) Informant Blanche Bobbitt
(b) Address 606 W Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaiah L Bruce & Son
(b) Address 101 W Montgomery St

19 (a) MAY 18 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 42 at 5 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Carcinoma of the sigmoid — Duration

Due to — Duration

Due to — Duration

Other Conditions no — Duration

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Williamson M.D.
Medical Examiner.
Date signed 5-

VS 6

F 92291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 92291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Amity Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS POWELL

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217 05 6032

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nealie Williams

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 1, 1896

8. AGE: Years 46 | Months 1 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Littleton, North Carolina (Town, county, and state)

10. Usual Occupation Trucker

11. Industry or business

FATHER
12. Name Esau Powell
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-18-42 (month) (day) (year)

(c) Cemetery or crematory
Location Littleton N. C.

18 (a) Funeral director Josiah L. Brownlow
(b) Address 108 W Montgomery St

19 (a) MAY 18 1942 (b) Huntington Williams, M.D. Registrar
MAY 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1942 to May 16, 1942, and that I last saw him alive on May 16, 1942.

Immediate cause of death: Tuberculosis, pulmonary chronic, far advanced — Duration: Unknown

Due to

Due to

Other Conditions Syphilis, latent — Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Robbins M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/16/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. F 92292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 S. Curley, St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Curley, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter M. Louden.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215.09.3052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12 1890

8. AGE Years	Months	Days	If less than one day
52	1	3	hr. min.

9. Birthplace Sparrow Point Md. (City, county, and state)
10. Usual Occupation Moulder
11. Industry or business Lacey Iron Foundry.

FATHER
12. Name John Louden
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie
15. Birthplace Pa.

16 (a) Informant Mrs. Catherine M. Louden.
(b) Address 116 S. Curley3t.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5.19.42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave.

18 (a) Funeral director William M. Merck
(b) Address 715 Light St.

19 (Date received by local registrar) MAY 18 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 7.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 - 1942 to May 15 - 1942, and that I last saw him alive on May 15 - 1942.

Immediate cause of death
Acute Cardiac Dilatation. — Duration
Due to Myocardial Insufficiency — 10 D.
Due to Arteriosclerosis — 2 yrs.
Acute Nephritis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Geyer M. D.
Address 1 E. Mulberry St. Date signed 5/18/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 92293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 W. 40th St.
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Joppa, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George Robert Richardson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel H. Richardson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1860

8. AGE: Years	Months	Days	If less than one day
82	9	27	hr. min.

9. Birthplace West River, Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Samuel Elliot Richardson
13. Birthplace West River Md

MOTHER
14. Maiden Name Elizabeth Katherine Hennigburger
15. Birthplace Virginia

16 (a) Informant Mrs. Wheaton
(b) Address Home for Incurables

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Chas E Berger Jr
(b) Address [illegible]

19 MAY 18 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 1 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1942 to 5/17 1942 and that I last saw him alive on 5/14 1942.

	Duration
Immediate cause of death: Cerebral Vascular Accident.	1 Week
Due to Cerebral Vascular Accident.	20 Hours
Due to Hypertension Arteriosclerosis	2 yrs 5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Thrapurgen M. D.
Address 214 Medical Arts Bldg Date signed 5/17/42

VS 2

A serious effort is necessary, with every certificate filed, if the information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92294 Registered No. 137-W

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33[rd] & Guilford Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W. 34th St, City (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Amos Rinerman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed.

6 (b) Name of husband or wife Anna M. Rinerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25[th] 1859

8. AGE: Years	Months	Days	If less than one day
82	9	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name David Rinerman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Schultz
15. Birthplace Maryland

16 (a) Informant Mrs. Ella Stone, daughter
(b) Address 702 W. 34th St, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Grace M. E. Cemetery
Location near Hampstead Md.

18 (a) Funeral director Geo F. Boyer Jr
(b) Address 1823 Hollins St

19 (a) MAY 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16[th] 1942, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2[nd] 1942, to May 16[th] 1942, and that I last saw him alive on May 16[th] 1942.

Immediate cause of death Arteriosclerotic heart disease — Duration years,

Due to —

Due to —

Other Conditions Obstruction large intestine 12 days
Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

Date of operation May 5[th]

Major findings of operation: Obstruction of large intestine, relieved by colostomy

of autopsy: Chronic inflammation of prostate

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hesselbrock Jr. M. D.
Address Union Memorial Hosp. Date signed 5-16-42

F 92295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 92295

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 3015 Chesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Disney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23 1856

8. AGE: Years 85 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired civil engineer

11. Industry or business

FATHER
12. Name John Disney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hannah Jones
15. Birthplace Baltimore

16 (a) Informant Son, Thomas Disney
(b) Address 2200 13 St, N.E., Wash., D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Leonard J. Rucke
(b) Address 5895 Harford Rd.

19 MAY 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/42 19 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/42 19 to 5/16/42 19, and that I last saw h alive on 5/16/42 19.

Immediate cause of death: Cerebral arteriosclerosis — Duration 3 mos.
Due to
Due to
Other Conditions Urinary tract infection — 3 wks.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Ritchey
Address Church Home + Inf. Date signed 5/16/42 M.D.

VS 3

FOR THE WRITTEN ENTRIES, USE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 92296 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Evergreen Ave
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otilie Junger

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 - 1864

8. AGE: Years	Months	Days	If less than one day
78	0	12	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Sigmund Junger
13. Birthplace Unknown

MOTHER
14. Maiden Name Katherine Packard
15. Birthplace N.Y.

16 (a) Informant Katherin Kramer
(b) Address 2708 Evergreen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 18 - 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rush
(b) Address 530 Harford Road

19 (Signature of Registrar) MAY 18 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/ 1942 to 5/16/ 1942
and that I last saw him alive on 5/2/ 1942

Duration

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension, arteriosclerosis –

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Burke Boyle M. D.
Address 52M - Harford Rd. Date signed 5/18/42

F 92297 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-D F 92297

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Fulton Ave. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Francis M Richardson

If U. S. Veteran specify WAR

(a) Residence: No. 236 N Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of Eugenia Richardson

6. DATE OF BIRTH (month, day, year): Apr 3 - 1857.

7. AGE: Years 85 | Months 1 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Samuel Richardson

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Rachel Miller

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs Ermissa Rich

(Address) 236 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 5-18-42

19. UNDERTAKER: Wendell E Humphreys

(Address) 1501 N. Broadway

20. FILED ... 19... MAY 18 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-15-42. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to May 15 1942

I last saw him alive on May 15 1942 Death is said to have occurred on the date stated above, at 2:05 m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Coronary occlusion	5 hrs
Chronic myocarditis	1 yr
Arteriosclerosis	

Other contributory causes of importance:

Senile changes	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo D Lipsey M. D.

(Address) 432 S. Patterson Park

THE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92298

MANDELIA E. EATON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E F 92298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: U M H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3552 Poole St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mandelia E. Eaton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Jacob B. Eaton
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Lehigh
13. Birthplace Md

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Md

16 (a) Informant Son
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co. Maryland

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) 5-20-1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1942, to 5-16 1942, and that I last saw h[illegible] alive on 5-16 1942.

	Duration
Immediate cause of death CARDIO RESPIRATORY cardiorespiratory failure	FAILURE
Due to ? abdominal carcinomatosis	?2 mo
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore L. Kenyon M.D.
Address U. M. Hosp Date signed 5/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1439 Argyle Ave (If rural give location)
Was deceased a citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Hayes Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Liggie Hayes

6 (c) If above, give age years

7. Birth date of deceased (mo., day, yr.) July 27 - 1869

8. AGE: Years 72 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Franklin Co. N. C. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Jack Hayes
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mildred ?
15. Birthplace North Carolina

16 (a) Informant Mrs. Liggie Hayes
(b) Address 1439 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 MAY 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration: ?
Due to: Chronic Myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Muse Jr. M.D. Medical Examiner.
Date signed 5/18/42 Med. Investigator

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 92300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town SILVER BEACH (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ERNEST MISSLAND

3 (b) If veteran, name war

3 (c) Social Security Account No. 110 03 7665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Tillie Brummer
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	0	21	hr. min.

9. Birthplace ALSACE LORRAINE (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business

FATHER
12. Name Robert Missland
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Louise Berger
15. Birthplace Alsace Lorraine

16 (a) Informant Records US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto. Md

18 (a) Funeral director Geary Sander & Sons, Inc
(b) Address North Ave & Broadway

19 MAY 18 1942 Huntington Williams, M.D. Registrar
(Filed) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942 at 12:50 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1942 to May 16, 1942, and that I last saw him alive on May 16, 1942.

	Duration
Immediate cause of death Cachexia and Inanition	2 mo.
Due to Recurrent carcinoma of stomach with metastasis to peritoneal cavity	2 yrs.
Other Conditions Broncho-pneumonia	3 da.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations None
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson. M. D.
Address US MARINE HOSPITAL Baltimore, Md. Date signed 5/18/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92301 BALTIMORE CITY HEALTH DEPARTMENT F 92301
CERTIFICATE OF DEATH 83 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balbert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Rossiter Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Krager
3 (b) If veteran, name war None
3 (c) Social Security Account No. 705-05-7460
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Gertrude L. Krager
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Feb 22 1878
8. AGE: Years 64 Months 2 Days 26 24 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired, B&O R.R.
11. Industry or business
FATHER 12. Name Charles Krager
13. Birthplace Baltimore
MOTHER 14. Maiden Name Marie L. Amend
15. Birthplace Baltimore
16 (a) Informant Mrs Gertrude L. Krager
(b) Address 516 Rossiter ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director John A. Moran
(b) Address 420 Greenmount ave.
19 (a) (Date received) MAY 18 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH 5/16 1942, at 7 15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1942 to 5/16 1942.
and that I last saw h[illegible] alive on 5/16 1942.
Immediate cause of death Cerebro-vascular accident — Duration
Due to hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Stevens
Address Mercy Hospital Date signed 5/14/42 M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92302

F 92302 (75863)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 S. Bonsal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Green

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife: Margaret Green (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 27, 1872

8. AGE: Years	Months	Days	If less than one day
69	8	18	hr. min.

9. Birthplace: Michigan (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business

FATHER
12. Name: Thomas Green
13. Birthplace: Michigan

MOTHER
14. Maiden Name: Abigal Gridged (d)
15. Birthplace: Michigan

16 (a) Informant: B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/1942 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: Gawson Hill Rd.

18 (a) Funeral director: John A. Moran
(b) Address: 3000 E. Baltimore St.

19 (a) (Date received by reg.) (b) Registrar

VS 8 MAY 18 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1942, to 5-15 1942, and that I last saw h alive on 5-15 1942.

Immediate cause of death	Duration
Anuria	4½ days
Due to Urinary Retention	
Due to Benign Prostatic Hypertrophy	?
Other Conditions Hypertensive C-V Disease	?

(Include pregnancy within 3 months of death)
Date of operation 5/15/42
Major findings of operation: Urinary Retention
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Hebb
Address Balt. City Hosp Date signed 5-16-42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416029F 92303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered F 92303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 S Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles F. Michelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mamie
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 7-10-87

8. AGE: Years	Months	Days	If less than one day
54	9	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Michelman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Lentz
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location B & Belair

18 (a) Funeral director John A. Moran
(b) Address

19 (a) MAY 18 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 7-30 A

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 17 1942 and that I last saw h[illegible] alive on May 15 1942.

Immediate cause of death Hemorrhage into abdomen
Due to Post-operative complication to
Due to 1/2 stage total gastrectomy for
Other Conditions Cancer of stomach
(Include pregnancy within 3 months of death)
Date of operation 5-16-42
Major findings of operation: Carcinoma of stomach
of autopsy: Cancer of stomach

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature H. E. Bloomfield M.D.
Address Johns Hopkins Hospital Date signed 5/17/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 E. Preston ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

84

3 (a) FULL NAME Sallie Ann Council

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/77

8. AGE: Years	Months	Days	If less than one day
64 65	9	13	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jim Wilson
13. Birthplace N.C.

MOTHER
14. Maiden Name Eliza Rogers
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 18/42 (month) (day) (year)

(c) Cemetery or crematory
Location Apex N. Carolina

18 (a) Funeral director Mrs R. C. Ellis & Daughter
(b) Address 1129 N Carlton St.

Date received MAY 18 1942 (b) Thurlington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw alive on May 15 1942

Immediate cause of death: Myocardial infarction — Duration 4 hours

Due to coronary occlusion

Due to

Other Conditions Arteriolysclerosis + hypertensive heart dis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Greif
Address Johns Hopkins Hosp. Date signed 5-17 M. D.

F 92305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B ✓ Registered No. F 92305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Llewelyn ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ocea Morton (Birth F 35482) ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28-41

8. AGE: Years	Months	Days	If less than one day
	109	18	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ozea Morton
13. Birthplace VA

MOTHER
14. Maiden Name Mary Barksdale
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Raleigh N Carolina

18 (a) Funeral director Mrs R A Elliott & Dgt.
(b) Address 1129 N. Caroline St

19 (a) [illegible] (Date received by Registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942, to May 16 1942, and that I last saw her alive on May 16 1942.

Immediate cause of death Influenza
Meningitis — Duration 30 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Irene Fulcher M. D.
Address Johns Hopkins Hosp Date signed 5-16-42

VS 3

92306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 92306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 260 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Sosnosky 68498 William Sosnowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Susiana
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Tony Sosnosky
13. Birthplace Poland

MOTHER
14. Maiden Name Asbit
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (Date received) MAY 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 6:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1941 to May 16 1942, and that I last saw him alive on May 16 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 5-16-42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 17 Calvert Court apts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Lynch (EDGAR GAIERTy LYNCH)

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 187-09-7210

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Mary Lynch
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): JUNE 12, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	5	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Agent
11. Industry or business: Md Casualty Co

FATHER
12. Name: James Lynch
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Mary Gaierty
15. Birthplace: Baltimore

16 (a) Informant: Self
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 20/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Arlington National
Location: Arlington Va

18 (a) Funeral director: Henry H. Sanborn Sons Co
(b) Address: McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1942, at 3:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/ 1942 to 5/17 1942 and that I last saw h~~e~~ alive on 5/17 1942

Immediate cause of death: cerebral accident
Due to: hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J Stearn
Address: Mercy Hospital Date signed: 5/19/42

Please write plainly with pen or typewriter. Be sure to report every item correctly. Please write the cause of death clearly and legibly.

F 92308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92308 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. 5 (yrs.) 11 (mos.) 23 (or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Penna. Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carmela Sabatino

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	White	

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28, 1881

8. AGE: Years	Months	Days	If less than one day
60	9	18	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation ? At Home
11. Industry or business Self

FATHER
12. Name Bernard Sabatino
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Onorato
15. Birthplace Italy B.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/14/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1257 St. Paul St.

19 (a) Huntington Williams, M.D. (b) Registrar
MAY 18 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1942, at 9.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/25 1934 to 5/14 1942, and that I last saw h alive on 5/13 1942.

Immediate cause of death Erysipelas of leg
Septicemia — Duration 2 days 1 day

Due to Bilateral bronchopneumonia — Duration 3 days

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/19/42

F 92 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 92309
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3428 University Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 University Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4678

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret V. Schmidt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 8th 1877
8. AGE: Years 64 | Months 7 | Days 9 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation President
11. Industry or business Paul M. Adams Co.

FATHER
12. Name James Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Anna
15. Birthplace Germany

16 (a) Informant James G. Schmidt
(b) Address 309 Ramblewood Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery Cathedral
Balto. Md.
(d) Name of undertaker
(e) Address

19 (a) MAY 18 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1942, at 4 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1942, to 5-17 1942, and that I last saw him alive on 5-16 1942.

Immediate cause of death: Coronary Occlusion — Duration: 12 hours
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature P. D. Glynn, M. D.
Address 423 E. North Ave. Date signed 5/18/42

VS 3

M. D. B. 1203-4

Social Security # 216-03-4935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92310

CERTIFICATE OF DEATH 46-E F 92310

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Monument St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Louisa Sarah Fredrikson.

(a) Residence: No. 101 Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: none.

6. DATE OF BIRTH (month, day, year): October 8, 1880

7. AGE — Years: 61 — Months: 7 — Days: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: saleswoman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hutzler Brothers Co.

10. Date deceased last worked at this occupation (month and year): 1940.

11. Total time (years) spent in this occupation: 30.

12. BIRTHPLACE (city or town) (State or country): Florida.

FATHER

13. NAME: Capt. Otto Fredrikson.

14. BIRTHPLACE (city or town) (State or country): Sandefjord Sweden.

MOTHER

15. MAIDEN NAME: Rosina Dawn.

16. BIRTHPLACE (city or town) (State or country): not known.

17. INFORMANT: Mrs. Walter S. Hornburger

(Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: May 19, 19 41

19. UNDERTAKER (address): Ralph P. Dietz Huntington Williams, Md.

20. FILED MAY 18 1941 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16, 19 41

22. I HEREBY CERTIFY, That I attended deceased from August 15, 19 40 to May 16, 19 41

I last saw her alive on May 16, 19 41 Death is said to have occurred on the date stated above, at 6.45 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Dilation.	5-16-41
Acute Hemorrhage	5-15-41
Adenocarcinoma Sigmoid	5 yrs.
Flexure Colon.	or more
Other contributory causes of importance:	
Generalized metastasis	1 yr.
Carcinoma.	or less

Name of operation: Colostomy Date of: June 1941.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.A. If so, specify

(Signed) James Graham Manton M. D.

5-16-41 (Address) 516 Cathedral Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 92311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17

F 92311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Liverpool England
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Draper Draper

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 - 1925

8. AGE: Years	Months	Days	If less than one day
17 16	9	26	hr. min.

9. Birthplace Liverpool, Eng.
(Town, county, and state)

10. Usual Occupation Mess Boy

11. Industry or business S S Brabanzon

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Norwegian Consul Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19. 42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn Cemetery

18 (a) Funeral director Ralph F. Dell
(b) Address 1217 E Fort Ave

19 (a) MAY 18 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 at 2 16 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry and no autopsy thereon and from the evidence obtained by said inquiry and inspection find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull — Duration
Due to fall on ship.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 16 1942 at 1 15 AM
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on ship board While at work?
(Specify type of place)
(e) Means of injury Fall in hatch hold

23. Signature Robert Lee Fratarcangeli M.D.
Medical Examiner.
Date signed May 18 1942

F 92312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92312 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Richmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Burbage
13. Birthplace

MOTHER
14. Maiden Name Catherine Keegan
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Peter Wiedefeld
(b) Address 914 Cathedral St.

19 MAY 18 1942 (Date rec'd by registrar) Lexington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 11.0 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942, to May 16 1942, and that I last saw her alive on May 15 1942

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed 5/18/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 92313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo12da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo 12 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Everett
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Tileston Street
(If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS COLLUCINO

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1918

8. AGE: Years	Months	Days	If less than one day
24	2	22	hr. min.

9. Birthplace Chelsea, Massachusetts
(Town, county, and state)
10. Usual Occupation Able Seaman
11. Industry or business

FATHER
12. Name Antonio Collucino
13. Birthplace Italy

MOTHER
14. Maiden Name Madaline Cataldo
15. Birthplace Italy

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 18, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Boston Mass

18 (a) Funeral director Riley & Sale
(b) Address 4707 York Road

MAY 18 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1942 at 8:40a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1942 to May 18, 1942 and that I last saw him alive on May 18, 1942.

Immediate cause of death Glioblastoma, left parieto temporal region of brain — Duration 7 mo.

Due to — Duration ver

Due to

Other Conditions Broncho pneumonia — Duration 2 da.

(Include pregnancy within 3 months of death)

Date of operation April 9, 1942

Major findings of operation: Partial excision of brain tumor

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/18/42

92314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 92314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Shelburne
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Kuoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col.	

6 (b) Name of husband or wife Annie S Kuoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	9	hr. min.

9. Birthplace Shelburne Va (Town, county, and state)
10. Usual Occupation Trucker
11. Industry or business Trucking

FATHER
12. Name Frank Kuoff
13. Birthplace Shelburne Va

MOTHER
14. Maiden Name Hester
15. Birthplace Shelburne va

16 (a) Informant Annie S Kuoff
(b) Address Shelburne Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 20 1942 (month) (day) (year)
(c) Cemetery or crematory Smith Cemetary
Location Rhoptus Va.

18 (a) Funeral director Charles S. Corfer
(b) Address 514 N. Calhoun St

19 (a) MAY 18 1942 Huntington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 5:46 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to May 17 1942, and that I last saw him alive on May 17 1942.

Immediate cause of death
Cerebral Hemorrhage
Post operative Shock
Due to
Hypertrophic Gangrene
Due to Left Foot

Other Conditions
Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation May 14

Major findings of operation:
Gangrene Left Foot

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Eastman M. D.
Address 803 N Fremont Date signed May 18

VS 3

F 92315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2

F 92315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1157 Haubert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1157 Haubert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

24

3 (a) FULL NAME Richard F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary F.

6 (c) If wife, give age: years

7. Birth date of deceased (mo., day, yr.) April 18: 1890

8. AGE: Years: 52 | Months: 1 | Days: - | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Foreman

11. Industry or business: Balto. Street Cleaning Dept

FATHER
12. Name: Wm Smith
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Minnie Frome
15. Birthplace: Md.

16 (a) Informant: Mary Smith
(b) Address: 1157 Haubert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-21-42 (month) (day) (year)
(c) Cemetery or crematory: Holy cross
Location:

18 (a) Funeral director: Maurice J. Flynn
(b) Address: 1422 Light St

MAY 18 1942

(Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 6 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1942 to May 18 1942
and that I last saw h alive on May 17 1942

Immediate cause of death: EVRUNCULOSIS
Multiple Furunculosis
Diabetic Coma
Acute Dilatation
Heart.

Duration: 3 weeks, 2 hours

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E. F. Moore M. D.
Address 716 Cathedral St. Date signed May 18 1942

VS 3

92316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 W Baltimore st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 W Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E Barry

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rose E Barry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1854

8. AGE: Years 88 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John H Barry
13. Birthplace Maryland

MOTHER
14. Maiden Name Not Available
15. Birthplace Maryland

16 (a) Informant Robt H Barry
(b) Address 2111 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Geo E Fader
(b) Address Fulton Ave & Fayette

MAY 18 1942 (Date Registered) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 at 5 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 16 1942 and that I last saw alive on May 15 1942

Immediate cause of death coronary occlusion

Due to advanced arteriosclerotic cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin Fleming M.D. M. D.

Address 1904 W Balto St. Date signed 5-17-42

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 92317
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Harbor
(c) Hospital or institution: Pier 4 Pratt St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 C. 18th St. S.E. D.C.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Keane

3 (b) If veteran, name war W. W.

3 (c) Social Security Account No. 168-16-7886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1897

8. AGE: Years	Months	Days	If less than one day
45	-	19	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business —

FATHER
12. Name Patrick Keane
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown Mary Kinney
15. Birthplace Unknown

16 (a) Informant Veterans Administration
(b) Address Fort Howard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road.

18 (a) Funeral director S. Walter Tray.
(b) Address 619 N. Bouldin St

19 MAY 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1942, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or inquest) (Autopsy or inquest)

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 7 1942

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ?/1
(b) Date of occurrence unknown at M
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work?
(Specify type of place)
(e) Means of injury unknown

23. Signature Robert Lee Bratton M.D.
Medical Examiner.
Date signed May 8 1942

VS 6

F 92318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 92318 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL, and give town)
(d) Street No. Isabella St (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter H. Adkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/16/1884

8. AGE: Years	Months	Days	If less than one day
57	8	2	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Farm Hand

11. Industry or business

FATHER
12. Name John Adkins
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Baker
15. Birthplace Md.

16 (a) Informant Oscar Henry Adkins
(b) Address Isabella St. Salisbury

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Pittsville, Md.
Location Pittsville Md

18 (a) Funeral director Holloway & Co. Inc. Clayton Hearing
(b) Address Salisbury Maryland

MAY 19 1942
(Date rec'd by registrar) H. E. WILSON Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1942 to 5-18 1942 and that I last saw h. l. alive on 5-18 1942

Immediate cause of death Carcinoma of scalp & metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas C. Wilson M. D.
Address Wic. Hosp. Date signed 5-18-42

VS 3

MONNESS.

F 92319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91-A

F 92319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 N. Milton Ave. City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Gilmore Monness

3 (b) If veteran, name war

3 (c) Social Security Account No. 075-14-0174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Arthur G. Monness
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/28/09

8. AGE: Years	Months	Days	If less than one day
32	4	20	hr. min.

9. Birthplace New York (Town, county, or state)
10. Usual Occupation Manager of Store
11. Industry or business

FATHER
12. Name Harry Maxwell Monness
13. Birthplace New York

MOTHER
14. Maiden Name Ruth Gilmore
15. Birthplace New York

16 (a) Informant James J. Nolan M.D.
(b) Address Union Memorial Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/42 (month) (day) (year)
(c) Cemetery or crematory Washington Cemetery
Location New York

18 (a) Funeral director A.O. Levinson + Bros
(b) Address 134-26 W. North ave

19 (a) MAY 19 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1942 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to May 18 1942 and that I last saw h... alive on 19...

Immediate cause of death Cardiac Failure — Duration 2 yrs

Due to Sub Acute Bacterial Endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J. Nolan M.D.
Address Union Memorial Hosp Date signed 5/18

VS 3

F 92320 F 92320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MYER ROSENBERG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Diana

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Isaac Rosenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Zobia?
15. Birthplace Russia

16 (a) Informant Maurice Rosenberg Jr.
(b) Address 2602 Springfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 19 1942 (rec'd by Reg.) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942 at 8:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of ribs
Contusions of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 13, 1942 M
(c) Where did injury occur? Balto Ave & Penna (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed May 18, 1942

F 92321 | BALTIMORE CITY HEALTH DEPARTMENT | F 92321

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 N. Calhoun St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Calhoun St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Russell Capps.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-3181

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Dorothy Capps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 - 1900

8. AGE: Years	Months	Days	If less than one day
42	2	25	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Russell Capps.
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Dorothy Capps
(b) Address 706 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-42 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va

18 (a) Funeral director George L. Wilson
(b) Address 1303 Pennsylvania Ave

19 MAY 19 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1942 to 5/17 1942 and that I last saw [illegible] alive on 5/17 1942

Immediate cause of death
Cardio-Renal-Disease ?
Due to Enlarged Aorta & Enlarged Heart ?
Due to —

Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

Burial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. M. Pigott
Address 1536 Lamont St Date signed 5/18/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 92322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 92322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Madison Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Carr

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9558

4. Sex: Male
5. Color or race: A.A.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Elvelina Mae Carr
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1904

8. AGE: Years 38 Months 38 Days 3 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Saloon Wine Tavern

FATHER
12. Name George Henry Carr
13. Birthplace Eastern Shore, Maryland

MOTHER
14. Maiden Name Effie Dyson
15. Birthplace St. Mary's County Maryland

16 (a) Informant Mrs. Carrie Woodland
(b) Address 425 Division Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAY 19 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1942, to 5/17 1942 and that I last saw him alive on 5/17 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration 11 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Penna Ave Date signed 5/18/42

F 92323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 92323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Fawcus Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Les Chase

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1910

8. AGE: Years	Months	Days	If less than one day: hr.	min.
32	3	2		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Albert Chase

13. Birthplace Md

MOTHER 14. Maiden Name Lara Gordon

15. Birthplace Md.

16 (a) Informant Melvin Chase

(b) Address 1211 Maker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt Odivary

Location Md

18 (a) Funeral director Geo. G. Kelly

(b) Address 1303 Pennsylvania Ave

19 (a) MAY 19 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1942, at 2:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Gunshot of liver & lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-16-42 at 1:15 P M
(c) Where did injury occur? Parrish alley & Fawcus St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Nature of injury Gunshot wounds

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 5-17-42

F 92324

E.S. (73918)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-42

F 92324 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 640 W. Franklin St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Jewel Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 14, 1882

8. AGE: Years	Months	Days	If less than one day
59	5	12	hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edward Harris

13. Birthplace ?

MOTHER 14. Maiden Name Mary Smith

15. Birthplace S.C.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof May 20 1942
(month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halsted

(b) Address 9 N Broadway

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

MAY 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942, at 11 o'c M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1942 to 5/15 1942, and that I last saw h[illegible] alive on 5/15 1942.

Immediate cause of death

U Emia

Duration 2 days

Due to Arteriosclerosis Nephritis — Duration ?

Due to Hypertension C-V Disease — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hagerman M. D.

Address Bellevue Hospital Date signed 5/18/42

415894

F 92325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 9th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronnie Higgs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-42

8. AGE: Years | Months: 6 W | Days: 18 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard Higgs
13. Birthplace Md.

MOTHER
14. Maiden Name Ruby Taylor
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-42 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel Md.

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel Md.

19 (a) Huntington Williams, M.D.

MAY 19 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to May 17 1942 and that I last saw h[illegible] alive on May 17 1942.

Immediate cause of death: Ulcerative Colitis
Due to: Prematurity
Due to:
Other Conditions: Otitis Media
Upper Respiratory Infection
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ray Pollock
Address Johns Hopkins Date signed 5-17-42

F 92326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83-a

F 92326 Registered No.

1. PLACE OF DEATH: 716 Aisquith St
(a) Baltimore City, Maryland
(b) Street address 716 Aisquith St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Aisquith St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

10

3 (a) FULL NAME Lamuttie M Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1851

8. AGE: Years	Months	Days	If less than one day
91	6 7	26 25	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Retired Grocer
11. Industry or business Retired

FATHER
12. Name Christian Smith
13. Birthplace Pa.

MOTHER
14. Maiden Name Henrietta Medinger
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Geo. Young
(b) Address 1602 E. 25th St

17 (a) Greenmount (Burial, cremation, or removal) (b) Date thereof May 19 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Greenmount & Oliver St

18 (a) Funeral director Geo L Schilling & Son
(b) Address 1624 Greenmount Ave

19 MAY 19 1942 (Date rec'd by local reg.) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 16 - 1942, at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/30 1941 to 5/16 1942 and that I last saw h alive on 5/16 1942

Immediate cause of death
Apoplexy

Due to Chronic Nephritis & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Thompson M. D.
Address 733 Aisquith St Date signed 5/16/42

VS 8

F 92327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 92327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Salto. City (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1515 3 North Date Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. HELEN M. PATTERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Geo Patterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9-1893

8. AGE: Years 48 | Months 9 | Days 9 | If less than one day: hr. min.

9. Birthplace Salto. Md. (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Alonza Medford
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant [illegible]
(b) Address HOSPITAL RECORDS.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rock
(b) Address 5305 Harford Ave

19 (a) 5-19-42 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1942 to 5/18 1942 and that I last saw h[illegible] alive on 5/18 1942.

Immediate cause of death: Intestinal Obstruction — Duration 5/15/42 (?)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendectomy 5/17/42 - chronic appendix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Lumby 2nd M.D.
Address Md. Gen. Hosp. Date signed 5/18/42

F 92328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 92328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5601 Frankford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5601 Frankford Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-4801

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emma Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29-1870

8. AGE: Years	Months	Days	If less than one day
72	3	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Emma Wagner
(b) Address 5601 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Peck
Address 5305 Harford Road

19 (a) May 19 1942 (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 42 at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1938 to 5/17 1942 and that I last saw h.i.M alive on May 17 1942

Immediate cause of death: Coronary Thrombosis — Duration 3 hours.
Due to Arteriosclerosis — 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Hummelsbach
Address 5444 Belair Rd Date signed 5/18/42

VS 2

F 92329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 92329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 McKean Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 McKean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry M. McFadden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mamie McFadden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1879

8. AGE: Years	Months	Days	If less than one day
62	4	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired. Car Cleaner

11. Industry or business Balto. Transit Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Harry M. McFadden
(b) Address 1133 McKean Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/20/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. at Gay St.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North Ave. at Gay St. Balto., Md.

19 (a) MAY 19 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 6:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death
Coronary thrombosis — Duration a few hrs.
Due to Chronic Myocarditis — Duration 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. M. Muse Jr. M.D. (Medical Examiner.)
Date signed 5/18/42 Med. investigator

VS 6

F 92330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 W. 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 W. 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CECIAL ALLAN WINE

3 (b) If veteran, name war: **

3 (c) Social Security Account No. 217-09-9497

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cordelia M. Wine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/1/1882

8. AGE: Years	Months	Days	If less than one day
59	9	15	hr. min.

9. Birthplace Fredericksburg, Va (Town, county, and state)
10. Usual Occupation Retired Bldg. Supt.
11. Industry or business

FATHER
12. Name Allan Waller Wine
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Mason
15. Birthplace Va

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) MAY 19 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 16 1942 and that I last saw alive on May 15 1942

Immediate cause of death

Due to (Organized Clot)

Due to Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 mos
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Gross M.D.
Address 6777 N. Charles Date signed 5/18/42

VS 8

F 92331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. F 92331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 E. 25th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MABEL LYMAN KNIGHT

3 (b) If veteran, name war —
3 (c) Social Security Account No. — — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank P. Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/1875

8. AGE: Years	Months	Days	If less than one day
66	7	11	hr. min.

9. Birthplace New Orleans La (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William R. Lyman
13. Birthplace Lyons N. Y.

MOTHER
14. Maiden Name Campbell
15. Birthplace Unknown

16 (a) Informant Mr. Ingraham M. Knight
(b) Address 303 Notre Dame Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Baltimore [redacted]

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves

19 (a) MAY 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941 to May 16 1942 and that I last saw h alive on May 16 1942.

Immediate cause of death	Duration of Interval
Cerebral Hemorrhage	
Due to Hypertension	10 yrs
Due to Arteriosclerosis	15 yrs
Other Conditions Tumor uterus ovaries metastatic to L. clavicle + L adrenal	over

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Chelsea M.D.
Address 6710 York Road Date signed May 18, 42

VS 8

F 92332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 92332 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 Gold St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Gold St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Jackson Jr.

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary S. Jackson

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 16, 1872

8. AGE: Years 70 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Charles Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business none

FATHER
12. Name Thomas Jackson
13. Birthplace Charles Co. Md

MOTHER
14. Maiden Name Rachel Jones
15. Birthplace Charles Co. Md

16 (a) Informant Mrs Mary E Jackson (wife)
(b) Address 631 Gold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cedar Hill

18 (a) Funeral director Pa Brooks
(b) Address 1463 N. Carey St.

19 (a) MAY 19 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1942 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1941 to 5-17-1942 and that I last saw him alive on 5-17 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: Arteriosclerosis & hypertension — Duration: 4 yrs known

Due to: — Duration: [illegible]

Other Conditions: Myocarditis — Duration: 4 yrs known

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Frank A Saunders M.D.

Address 1029 N. Strickler St Date signed 5-18-42

F 92333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3506 / 157-E

F 92333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 27 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barry Harvey Kanefsky (Birth # 48798)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7-1942

8. AGE: Years	Months	Days	If less than one day
3		11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Delymun Kanefsky
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Selma Greenberg
15. Birthplace Dover, Delaware

16 (a) Informant Delymun Kanefsky
(b) Address 27 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friedale
Location Phil. Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1739 E. Balto. St

19 MAY 1 9 1942 (Date rec'd by Local Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1942 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13, 1942 to May 18, 1942 and that I last saw him alive on May 18, 1942

Immediate cause of death

~~Congenital~~ Patent Foramen Ovale

Due to Congenital Heart Lesion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
10 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac M. Lauchs, M. D.
Address 3506 Liberty Heights Ave Date signed May 19/42

VS 3

F 92334 F 92334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. H 205 Wiltshire Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hughes (Birth F 48352)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/42

8. AGE: Years	Months	Days	If less than one day
		25	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles E. L. Hughes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Grace D. Alger
15. Birthplace Orange Va.

16 (a) Informant Charles E. L. Hughes
(b) Address H205 Wiltshire Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Rd. Baltimore Md

18 (a) Funeral director John C. Miller Inc.
(b) Address 2438 E. Oliver St

19 (a) Date received by local registrar MAY 19 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1942 at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1942 to May 18, 1942 and that I last saw h.i.m. alive on May 18, 1942

Immediate cause of death Spina bifida with meningocele — Duration

Due to

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 5/18/42

F 92335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 — F 92335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Maxwell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAYO HARLOW

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-05-7624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Ethel Harlow
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 27 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	9	21		

9. Birthplace Amehurst Va
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Mayo Harlow
13. Birthplace Va

MOTHER
14. Maiden Name ? Falls
15. Birthplace Va

16 (a) Informant Ethel Harlow
(b) Address 1919 Maxwell
17 (a) Removal (b) Date thereof May 21.
(Burial, cremation, or removal) (month, day) (year)
(c) Cemetery or crematory Crownhill
Location Ceylon Forge Va
18 (a) Funeral director John Ellerick
(b) Address 2005 Orleans St
19 (a) MAY 19 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Fracture of skull
Rupture of liver — Duration
Due to
Due to
Other Conditions Nil
(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 18 1942 at 11 P M
(c) Where did injury occur? Dundalk Balt. Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fell 40 ft. scaffold
23. Signature H. K. Williams M.D.
Medical Examiner.
Date signed 5-18-42

VS 6

F 92336

F 92336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 Elmora AVe.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Elmora Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS A. COURTS

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-10-3704

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie C. Courts

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 22, 1887

8. AGE: Years 54 | Months 9 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Dairy

FATHER
12. Name Don't know
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Don't know
15. Birthplace Don't know

16 (a) Informant Mrs. Annie C. Courts
(b) Address 3323 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director John Welsh
(b) Address 2008 Orleans St.,

19 (a) MAY 19 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1942 19 , at 9:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6- 1939, to 5-17-1942 and that I last saw him alive on 5-17- 1942.

Immediate cause of death: Cerebral Apoplexy — Duration: 4 days

Due to: Hypertension and arteriosclerosis — 1939

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton C. Lang, M.D.
Address 2117 Belair Rd Date signed 5-19-42

VS 3

F 92337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92337 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 1237 Myrtle Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wendell Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Irene Harrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1900

8. AGE: Years	Months	Days	If less than one day
41	10	5	hr. min.

9. Birthplace Elizabeth city n c (Town, county, and state)
10. Usual Occupation porter
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Beatrice Boyer.
(b) Address 1612 Edmondson.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Retue R. Hodgson
(b) Address 320 N Schroeder St.

19 MAY 19 1942 (b) Huntington Hollingsworth, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1942, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1942 to 5/14 1942 and that I last saw h[illegible] alive on 5/14 1942

Immediate cause of death Respiratory Failure
Due to Pneumonia - Vascular Syphilis & Paresis
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
7 weeks
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. W. Youngblood M.D.
Address St Joseph's Hospital Date signed 5/14/42

F 92338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caloose & 33rd Sts
(c) Hospital or institution:
Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Joppa
(If outside city or town limits, write RURAL and give town)
Street No. Mountain Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert McCann

3 (b) If veteran, name war —

3 (c) Social Security Account No. 4 None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Robert McCann
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) 3/23/98

8. AGE: Years	Months	Days	If less than one day
44	1	24	___ hr. ___ min.

9. Birthplace Maryland Rocks Md.
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Edgewood Arsenal

FATHER
12. Name Charles W. McCann
13. Birthplace Maryland

MOTHER
14. Maiden Name Nannie L. Streett
15. Birthplace Maryland Rocks Md.

16 (a) Informant James J McGee C M D
(b) Address Union Memorial

17 (a) Burial (b) Date thereof May 20th 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Jerusalem Christian
Location Joppa Maryland

18 (a) Funeral director Casey Funeral Home
(b) Address 2461 Belair Road

19 MAY 19 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1942 to 5/17 1942 and that I last saw h[illegible] alive on 5/17 1942

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to Hypertension Cardio

Due to Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature James J McGee
Address Union Memorial Hosp Date signed 5/17/42

VS 3

F 92839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

✓ F 92339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 West 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Francis Byrd or Walter Francis Hunter ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Mrs Walter Hunter

6 (b) Name of husband or wife Mrs. Walter Byrd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1895

8. AGE: Years	Months	Days	If less than one day
47	0	8	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name William L Byrd
13. Birthplace Md.

MOTHER
14. Maiden Name Flora Leach
15. Birthplace Md

16 (a) Informant wife
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-42 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Baltimore Md

18 (a) Funeral director Albert W Bruguy
(b) Address 440 E Fayette St

19 (a) Huntington Williams Mtz (Date rec'd by registrar)

MAY 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1942 at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1942 to 5-17 1942 and that I last saw h alive on 5-17 1942.

Immediate cause of death: Hypertensive cardiovascular disease — heart failure — Duration: 2 mos.
Due to: Hypertensive cardiovascular disease — Duration: yrs
Due to:
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Leslie M. D.
Address Union Memorial Date signed 5-17-42

F 92340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 92340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Fitzhugh Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M. Hoover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Williams

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Jan. 16. 1876

8. AGE: Years	Months	Days	If less than one day
66	4	—	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Frank H. Hood
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Annie E. ?
15. Birthplace Baltimore Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville Maryland

18 (a) Funeral director J. B. Wehrheim & Son
(b) Address 1600 Eutaw Place

19 (a) MAY 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942, to May 16 1942, and that I last saw her alive on May 16 1942.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. M. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 5/18/42

F 92341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 annabelle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md. (If outside city or town limits write RURAL and give town)
(d) Street No. 915 Annabelle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Ankewitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife August Ankewitz
6 (c) If alive, give age yrs.
7. Birth date of deceased (mo., day, yr.) Feb. 27-1862
8. AGE: Years 80 Months 2 Days 19 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hinz
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Hinz
15. Birthplace Germany

16 (a) Informant Alfred Ankewitz
(b) Address 3800 Third St. Brooklyn
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director George L. Schwartz
(b) Address 2101 Frederick ave.
19 (a) MAY 19 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942 at 10 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 2/4/42 to 5/16/42, and that I last saw her alive on 5/16/42.

Immediate cause of death: Hypertensive cardio vascular disease — Duration: ?
Due to
Due to
Other Conditions: none — Duration: - - -
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Deibel
Address 1226 Hanover St. Date signed 5/18/42

VS 8

F 92342 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 W. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10. 1880

8. AGE: Years 61 | Months 4 | Days 8. | If less than one day hr. min.

9. Birthplace Isle of Wight County Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Walter Tynes
13. Birthplace Isle of Wight Va

MOTHER
14. Maiden Name Emma Butler
15. Birthplace Isle of Wight County Va

16 (a) Informant Sadie Tynes
(b) Address Smithfield, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Smithfield. Va
Location

18 (a) Funeral director James A. Stayton
(b) Address 142 Wortice St

19 (a) MAY 19 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 1ST P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1942, to May 18 1942 and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration 1½ Months
Due to Malignant Hypertension
Due to
Other Conditions Rt. Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 5/18/42

VS 3

F 92343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

F 92343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 N. Potomac St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N. Potomac St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Kullman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna A. Lasko
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1887

8. AGE: Years	Months	Days	If less than one day
54	7	17	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Plate Grinder
11. Industry or business Ship Yard

FATHER
12. Name John Kullman
13. Birthplace Austria

MOTHER
14. Maiden Name ~~not known~~ JOHANNA WEISA
15. Birthplace Austria

16 (a) Informant Anna A. Kullman
(b) Address 525 N. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

MAY 19 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to 5-16 1942 and that I last saw h~~im~~ alive on 5-16 1942

Immediate cause of death Myocardial failure — Duration 4 days

Due to Cancer of Esophagus with extension to lung & pleural cavities.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 13-42 & 4-42

Major findings of operation: Cancer of L of Esophagus

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Kullman Jr.
Address Md. City Dairy Date signed 5-18-42

F 92344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 E Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

87

3 (a) FULL NAME Roselle Thaniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1874

8. AGE: Years	Months	Days	If less than one day
67	6	1	hr. min.

9. Birthplace Hanover County Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jack Anderson
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Ann Mickey
15. Birthplace Va.

16 (a) Informant Ellen Thaniel
(b) Address 1806 E Chase St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Ashland Va

18 (a) Funeral director Mrs Rda. Ellis & Son
(b) Address 1129 N. Caroline St

19 MAY 19 1942 Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1942 at 4 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1941 to 5-16 1942 and that I last saw her alive on 5-15 1942

Immediate cause of death: Carcinoma of cecum — Duration: 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Brown M.D.

Address 1500 Eutaw Place Date signed 5/18/42

VS 3

F 92345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 92345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 S. Calhoun st.
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 741 W. Lexington st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Woode

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) [illegible] (b) Date thereof
UNIVERSITY MEDICAL SCHOOL MAY 19 (mo.) 1942 (day) (year)
(c) Cemetery or crematory
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 MAY 19 1942 Huntington Williams, M.D.
(Date rec'd by registrar) 9105 Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1942, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1942, to 4-28 1942, and that I last saw h alive on 4-28 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Generalized carcinomatosis of abdomen	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations All upper abdominal organs found to contain cancer
Of autopsy Liver, lung & mediastinum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Daniel L. Jolis M. D.
Address Franklin Square Hosp Date signed 5-18-42

F 92346 ✓ F 92346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 S Sharp St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Sharp St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME James E. Baker Sr

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mamie E.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 13, 1885

8. AGE: Years	Months	Days	If less than one day
57	9	2	..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business P. O. Employee

FATHER
12. Name Christopher Baker
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Ewell
15. Birthplace Virginia

16 (a) Informant Mamie Baker (W)
(b) Address 713 Sharp St.

17 (a) Burial (b) Date thereof 5- -
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 105 W Montgomery St

19 (a) [illegible] Huntington Williams M.D.
MAY 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1942 at 2.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12/ 1942 to 5/15/ 1942
and that I last saw him alive on 5/15/ 1942

Immediate cause of death
(a) Circulatory Systemic
Due to Hypertension
Due to Arteriosclerosis
Other Conditions Chronic Nephritis
Interstitial (Type)
(Include pregnancy within 3 months of death)

Duration
5 days
3 yrs
2 yrs

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Lawley
Address 519 N Carrollton Ave Date signed 5/18/42

92347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered Number E 92347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Donnelly

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Wm. H. Donnelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1873

8. AGE: Years	Months	Days	If less than one day
68	7	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Micheal Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Flanigan
15. Birthplace Ireland

16 (a) Informant Mrs Rose Murray
(b) Address 150 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.,

19 MAY 19 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17. 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942, to May 17 1942, and that I last saw her alive on May 16 1942.

Immediate cause of death	Duration
Chronic Myocarditis.	
Due to	
Due to	
Other Conditions	53 days
Cerebral apoplexy. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Donnelly
Address 701 N. Kenwood Ave. Date signed 5-18-42 M.D.

VS 3

F 92348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 92348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Abbott Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Abbott Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SIMON A MINCK

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sadie A. Minck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/30/1873

8. AGE: Years	Months	Days	If less than one day
69	0	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Watchman

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Sadie A. Minck
(b) Address 1007 Abbott Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 MAY 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to May 17 1942 and that I last saw h[illegible] alive on May 17 1942

Immediate cause of death Coronary thrombosis — Duration 2 hrs
Due to arteriosclerosis — Duration ?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel Silverfield M.D.
Address 714 E. Preston Date signed 5/18/42

VS 8

92349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 92349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 W Mulberry st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Cerniglia

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Angela Libuto Cerniglia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 - 1868

8. AGE: Years	Months	Days	If less than one day
74	4	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Business
11. Industry or business Owner

FATHER
12. Name John Cerniglia
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Mazzola
15. Birthplace Italy

16 (a) Informant Wife Angela Libuto Cerniglia
(b) Address 609 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 - 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location [redacted]

18 (a) Funeral director Frank V. Pipitone
(b) Address 2518 E. Baltimore st

19 May 19 1942 (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 11P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1941 to 5-17 1942, that I last saw h alive on 5-17-1942

	Duration
Immediate cause of death Hypostatic pneumonia	10 days
Due to Valvular heart decompensation	6 mos
Due to Endocarditis Rheumatic	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Pinajo
Address Medical Arts Bldg Date signed 5/18/42

VS 8

9235807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registration No. E 92350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Edmonson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earley Poole

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6487

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-85

8. AGE: Years	Months	Days	If less than one day
56	4	23	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name George Poole
13. Birthplace S.C.

MOTHER
14. Maiden Name Rebecca Thompson
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt/ Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 5147 W. Calhoun st

MAY 19 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1942, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942, to May 16 1942, and that I last saw HIM alive on May 16 1942

Immediate cause of death: Cardiac failure — Duration 1 hr.
Due to: Hypertension heart disease — Duration 1 mo.
Due to: Chronic glomerulo nephritis — Duration ?
Other Conditions: Toxic pneumonia — Duration ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp. Date signed 5/16/42

F 92351 ✓ F 92351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1528 Chesapeake ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (Fairfield)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 Chesapeake ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dela Williams Eaves

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-7918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20-1921

8. AGE: Years	Months	Days	If less than one day
20	10	28	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER 12. Name Robert Williams
13. Birthplace Va

MOTHER 14. Maiden Name Estella Boyd
15. Birthplace Md

16 (a) Informant Estella Williams
(b) Address 1528 Chesapeake ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a-a. Co Md

18 (a) Funeral director James A Adams
(b) Address 142 W Pratt St

19 (a) MAY 20 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 — 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 16 — 1942 and that I last saw h alive on 19

Immediate cause of death Pulmonary Tuberculosis

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation X

Major findings of operation:

of autopsy: No

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Huntington Williams M. D.
Address 1340 E Chase Date signed

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92352 — 92D — 2352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland: Balto City
(b) Street address: 634 S. Paca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): D
(e) Length of stay in Baltimore (yrs., mos., or days): 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Balto
(If outside city or town limits, write RURAL and give town)
Street No. 634 S. Paca
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country:

3 (a) FULL NAME: Malinda Gaines

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1860

8. AGE: Years: 82 | Months: — | Days: — | If less than one day: hr. — min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Solomon Cornish
13. Birthplace: Md.

MOTHER
14. Maiden Name: Jane Banks
15. Birthplace: Md.

16 (a) Informant: Mary Woodland
(b) Address: 634 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem
Location: Balto City

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 1015 W. Montgomery St

MAY 20 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1942 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to May 16 1942, and that I last saw h alive on May 16 1942.

Immediate cause of death: Endocarditis (Chronic) — Duration:

Due to:

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: James C. Carfin M. D.
Address: 1076 S. Stricker St Date signed: 5-19-42

VS 3

F 92353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 92353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver St.
(c) Hospital or institution:
St/ Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 E. Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Regina Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Peter J. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7th 1879

8. AGE: Years	Months	Days	If less than one day
63	2	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Luke Cassidy
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret (Unknown)
15. Birthplace Balto Md.

16 (a) Informant Mary Sulpitia Sullivan
(b) Address 1212 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.

18 (a) Funeral director Ralph P. Dorsey
(b) Address 1217 St. Paul St

19 MAY 20 1942 Huntington Williams M.D. (Date filed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942, to May 19 1942, and that I last saw her alive on May 19 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Arterio-sclerotic cardio-vascular disease	
Due to	
Other Conditions Cholelithiasis	

(Include pregnancy within 3 months of death)
Date of operation May 16 1942
Major findings of operation: Cholecystectomy
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Tolmerson M. D.
Address St. Joseph's Hosp Date signed 5-19-42

VS 3

F 92354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56a

F 92354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Parkland & Rayner
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4953 Edgemere Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Helen Hitty

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	NONE	Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1893

8. AGE: Years	Months	Days	If less than one day
49	2	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name G. Cyrina
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant William Hitty Jr
(b) Address 4953 Edgemere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto Md.

18 (a) Funeral director Ralph R. Dolby
(b) Address 129 St. Paul St

19 MAY 20 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1942 to 5/18 1942, and that I last saw h.e. alive on 5/18 1942.

Immediate cause of death
Pulmonary Edema
Due to Cardiac Failure
Due to Hypertensive Cardio-Vascular Disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5/18/42
Major findings of operation: Unchanged
of autopsy: Unknown Cause

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Truman M. Clarke M.D.
Address WBGH Date signed 5/19/42

VS 8

F 92355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2917 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida B Kelley

3 (b) If veteran, name war —
3 (c) Social Security Account No. HDE

4. Sex: Female
5. Color or race: Wht
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Joseph H Kelley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 1877

8. AGE: Years 65 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Allegeny Co (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name (Unknown) Boyer
15. Birthplace Maryland

16 (a) Informant Joseph H Kelley
(b) Address 2923 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42 (month) (day) (year)
(c) Cemetery or crematory Reisterstown
Location Reisterstown Md

18 (a) Funeral director Ralph T Talbert
(b) Address 1214 St Paul St

19 (a) Filed MAY 20 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at about 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1941, to 5-19 1942 and that I last saw h 54 alive on 5/18 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 Hr 45 min

Due to: Hypertension — Duration Many years

Due to: Chronic Vascular disease — Duration Many years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos R. Goodwin M.D.
Address 2423 St Paul St Date signed 5/19/42

VS 8

F 92356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 92356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3901 Dorchester Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Dorchester Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Adele St. Jean

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M (separated)

6 (b) Name of husband or wife Edward A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1891

8. AGE: Years	Months	Days	If less than one day
51	3	6	hr. min.

9. Birthplace Paris, France (Town, county, and state)
10. Usual Occupation assembler
11. Industry or business U. S. A. Chemical Warfare

FATHER
12. Name August Guillaune
13. Birthplace France

MOTHER
14. Maiden Name Jeanne Marie Leroy
15. Birthplace France

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore County, Maryland (Pikesville)

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

MAY 20 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1942 to 5-14 1942 and that I last saw h[illegible] alive on 5-14 1942

Immediate cause of death Myelogenous Leukemia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Lucky M.D.
Address Bd. Gen. Hosp. Date signed 5/18/42

VS 3

Wm P. Miller 2357
Miller's are

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

F 92357
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 East Heights ave
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S Poppon St W (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kalman Goldiner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Leah Guz
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocery
11. Industry or business Merchant

FATHER
12. Name Joseph Goldiner
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Theo Ranbro
(b) Address Balto Md

17. Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery Jewish Montefiore
Location Wash Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 [illegible]

19 (a) MAY 20 1942 (Date received by registrar) (b) Kensington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/42 19 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1942 to 6/19 1942 and that I last saw h[illegible] alive on 5/19 1942

Immediate cause of death
Pemphigus

Due to

Due to

Other Conditions
Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Benjamin Miller M.D.
Address 2036 Wilkens ave Date signed 5/20/42

VS 8

F 92359 BALTIMORE CITY HEALTH DEPARTMENT F 92358
CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Piedmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Piedmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Regina Reich
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Reich
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) K73

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac Kveld
13. Birthplace Hungary

MOTHER
14. Maiden Name Ida —
15. Birthplace Hungary.

16 (a) Informant Maurice Reich
(b) Address 3202 Piedmont Ave
17 (a) Removed (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory New Haven, Conn
Location
18 (a) Funeral director Jack Reiss Inc
(b) Address 1439 E. Balto. St
MAY 20 19[illegible] (Date received by registrar) (b) Huntington Williams [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1942, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 19 42, to May 19 1942, and that I last saw h.s.w. alive on May 19 19 42.

Immediate cause of death Pulmonary Embolism

Duration
2 days
5 years.
5 years.

Due to Coronary Thrombosis &
Due to Diabetes Mellitus. Chronic myocarditis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. H. Ecker M. D.
Address 3703 Garrison Blvd Date signed 5/20/42

VS 2

F 92359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

F 92359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 S. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 S. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Appel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John G. Appel
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 13, 1874.

8. AGE: Years	Months	Days	If less than one day
67	10	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Samuel R. Hook
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Mary E. Slack
15. Birthplace Germany

16 (a) Informant John G. Appel
(b) Address 601 S. Bentalou t.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 601 S. Lombard St.

19 (a) MAY 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1942, at 11:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 17 1942 and that I last saw h[illegible] alive on 5/17 1942

Immediate cause of death: Acute pyelonephritis — Duration: 3 mos.
Due to
Due to
Other Conditions: Acute uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Virginia Miller M.D.
Address 230 W. Lanvale St. Date signed 5/19/42

VS 8

92360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Harrison Bond

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eloise Bond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 30 - 1893

8. AGE: Years 48 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation: Farm Laborer

11. Industry or business

FATHER
12. Name: Edward Bond
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Eliza Davis
15. Birthplace: Maryland

16 (a) Informant: Eloise Bond
(b) Address: Sykesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 22 1942 (month) (day) (year)
(c) Cemetery or crematory: St. Luke's Cem.
Location: Sykesville, Md.

18 (a) Funeral director: C. Harry Eberly
(b) Address: Sykesville, Md.

19 MAY 20 1942 (Written not to be rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Fractured skull — Duration

Due to:

Due to:

Other Conditions: Bronchopneumonia, Contusions & bruises.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-15-42 at P M
(c) Where did injury occur? Liberty Rd nr Eldersburg Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury: Fall from, struck by Tractor

23. Signature: Howard J. Weaver M.D.
Medical Examiner.

Date signed 5-20-42

VS 6

F 92 61

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

F 92361

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3934 Reisterstown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 or 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3934 Reisterstown Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME William J. Bowes.

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 215-07-8419

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose E. Bowes

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1890

8. AGE: Years: 51 Months: 6 Days: 3 If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: U.S.F.&G. Ins. Co.

FATHER
12. Name: Patrick A. Bowes.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary A. Manning.
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Rose E. Bowes.
(b) Address: 3934 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42 (month) (day) (year)
(c) Cemetery or crematory: Cathedral.
Location: Baltimore, City.

18 (a) Funeral director: Le Vernon Lepperman.
(b) Address: 4611 Park Heights Ave.

19 MAY 20 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1942 19 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1942 to 5/18 1942 and that I last saw him alive on 5/18 1942

Immediate cause of death: Pulmonary Tuberculosis

Duration: 1 1/2 yrs

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: E. Wesley Edds M. D.
Address: 3403 Garrison Blvd. Date signed: 5/19/42

VS 3

F 92362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 92362
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1507 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1909

8. AGE: Years	Months	Days	If less than one day
32	7	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Charles Fox
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Coates
15. Birthplace Va.

16 (a) Informant Louise Fox
(b) Address 1507 McCulloh St

17 (a) Burial (b) Date thereof 5/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kelsay
(b) Address 3 W Pressleman St

19 (a) MAY 20 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 3 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Massive pulmonary embolism — Duration
Due to
Due to
Other Conditions: Bronchial pneumonia, Emaciation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 19 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Emerson Graham M.D.
Medical Examiner.
Date signed May 19 1942

F 92363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ F 92363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 Shields Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGIE G. WALLACE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Geo. Wallace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/1895

8. AGE: Years	Months	Days	If less than one day
99	1	26	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Sophia Monrol
15. Birthplace Va

16 (a) Informant Geo. Davis
(b) Address 1332 Shields Place

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-22-72 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) [illegible] Huntington Williams M.D. Registrar

MAY 20 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 19 72 at 10 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D. (Medical Examiner.)
Date signed 5-18-72

F 92364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 92364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 S. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Frank Michael Nelka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widow

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4th, 1855

8. AGE: Years	Months	Days	If less than one day
86	1	10	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ? Nelka
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Poland
(b) Address

17 (a) Burial (b) Date thereof 5-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus, Cem.
Location Bonney St. & Lombard Lane

18 (a) Funeral director Stephen J. Fraleigh Inc.
(b) Address 1000 S. Kenwood Ave.

19 MAY 20 1942 Huntington Williams Registrar
(Date filed by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 19 42, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 19 42, to 5/18 19 42, and that I last saw him alive on 5/18 19 42.

Immediate cause of death
Uremia

Duration 3 days

Due to Cardiac Failure
Arteriosclerotic H.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Eggerding M. D.
Address Baltimore City Hospitals Date signed 5/19/42

F 92365 × ✓ F 92365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN SULLIVAN MISTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Daisy Lewis
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1887

8. AGE: Years	Months	Days	If less than one day
55	4	15	hr. min.

9. Birthplace Crisfield, Maryland. (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business

FATHER
12. Name James Mister
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Annie Lawson,
15. Birthplace Crisfield, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 20-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Crisfield, Md.

18 (a) Funeral director A. Lawson,
(b) Address Crisfield, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.
MAY 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1942, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1942, to May 19, 1942, and that I last saw him alive on May 19, 1942.

	Duration
Immediate cause of death Myocardial infarction	1 wk.
Due to Coronary arteriosclerosis	Unk.
Due to	
Other Conditions Arteriosclerotic gangrene of feet (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Huntington Williams M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/20, 42

F 92366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 92366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM TURNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5979

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Blanche Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1903

8. AGE: Years	Months	Days	If less than one day
38	7	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Turner

13. Birthplace Va. Unknown

MOTHER 14. Maiden Name Unknown Matilda

15. Birthplace Va. Unknown

16 (a) Informant Mrs. Pearl Turner

(b) Address 316 North Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1942 (month) (day) (year)

(c) Cemetery or crematory Alta-Vista

Location Va

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Lexington Washington St

19 (a) (b) Registrar

MAY 20 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Z. Wallenstein M.D. Medical Examiner.

Date signed 5-18-42

F 92367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

F 92367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infir 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 Fairmount ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella Mikel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Mikel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 16, 1895
8. AGE: Years 46 Months 6 Days 7 If less than one day hr. min.
9. Birthplace Poland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Novak
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant John Mikel
(b) Address 1932 Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Irvington Rd

18 (a) Funeral director W. S. Zialkowski
(b) Address 2007 Eastern ave

19 (a) (Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1942 to 5-19 1942 and that I last saw him alive on 5-19 1942

Immediate cause of death: Intestinal Obstruction.

Due to Carcinoma of Colon Sigmoid.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-13-42

Major findings of operation: Colostomy Obst. —

of autopsy: Autopsy + Clinical Findings

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify nature of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 5-29-42

VS 5

92368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 92368

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1739 Harford Avenue

(c) Hospital or institution:

99

(d) Length of stay in hospital or inst. (yrs., mos., or days) None

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County City

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1739 Harford Avenue (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Catherine E. Robb

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Elisha Robb

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 15th. 1857

8. AGE: Years	Months	Days	If less than one day
85	3	4	########## in.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Thomas Hargest

13. Birthplace Baltimore County

MOTHER

14. Maiden Name Urith Ann Leach

15. Birthplace Baltimore County

16 (a) Informant Mrs. Bertha I. Livingston

(b) Address 1739 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22nd. 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Frederick Rd. Baltimore Md.

18 (a) Funeral director George J. Ruth Inc.

(b) Address 1735 Harford Avenue

19 MAY 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th., 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to May 19 1942

and that I last saw h alive on 19

Immediate cause of death: Cardiac Insufficiency — Duration: 3

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Egan M.D.

Address 1761 E Mott St Date signed 5/19/42

VS 8

F 92369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 92369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 1-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Glowacki

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1666

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Lottie Glowacki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Factory

FATHER
12. Name Thomas Glowacki
13. Birthplace Poland

MOTHER
14. Maiden Name Fattie Bofcer
15. Birthplace Poland

16 (a) Informant Lottie Glowacki
(b) Address 621 S. Streeper St.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-22-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd

18 (a) Funeral director John J. Ruda
(b) Address 2829 Hudson St

19 (a) MAY 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at 6 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Extensive contusions of lungs; multiple contusions of intestines and body; multiple fractures of ribs
Due to Edema of brain

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 16 1942 at ½ P.M.
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work? yes
(e) Means of injury Fall from freight Car

23. Signature Robert L. Emerick M.D. Medical Examiner.
Date signed May 19 1942

VS 6

F 92370 BALTIMORE CITY HEALTH DEPARTMENT F 92370

CERTIFICATE OF DEATH 74a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Savannah (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. 37½ ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2/14/87

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	3	6		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER
12. Name Solomon Lang
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah Flan
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/42 (month) (day) (year)
(c) Cemetery or crematory Savannah
Location Georgia

18 (a) Funeral director Sol L. Levinson + Bros.
(b) Address 1124-26 W. North Ave

19 (a) (b) Washington Willi... Baltimore, Md.

MAY 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 7 A.M. D.D.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to May 20 1942; and that I last saw him alive on May 20 1942

Immediate cause of death Leukemia, Myeloid — Duration

Due to

Due to

Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Fleming M.D.
Address Johns Hopkins Date signed 5/20/42

F 92371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 92371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Whitelock St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Ludington Onion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank Onion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1858

8. AGE: Years	Months	Days	If less than one day
84	0	1	hr. min.

9. Birthplace New Haven Conn (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Bliss Ludington
13. Birthplace Conn

MOTHER
14. Maiden Name Adeline Ball
15. Birthplace Conn

16 (a) Informant G. Franklin Onion
(b) Address 819 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Henry H. Mears and Sons,
(b) Address 845 N. Calvert St.

19 (a) MAY 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942; at 12 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 40. to May 19 1942.
and that I last saw h alive on May 19 1942

Immediate cause of death
Cardiac dilatation — Duration 2 hrs.
Due to age + exercise
Due to
Other Conditions None other than infirmities of age.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. H. Maynard M. D.
Address 115 S. Eager St Date signed May 19 '42.

VS 3

415752 F 92373 BALTIMORE CITY HEALTH DEPARTMENT F 92372

CERTIFICATE OF DEATH

91a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Butler
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Bladen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife W. B. K. Bladen
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 2-12-94

8. AGE: Years 48 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Fredrick Stumps
13. Birthplace Tenn.

MOTHER
14. Maiden Name Martha Stout
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Edgewood
Location Bristol Tenn.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (b) Huntington Williams M.D. Registrar

MAY 23 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20- 1942 at 7 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-42 19 to 5-20 1942, and that I last saw her alive on 5-20- 1942.

Immediate cause of death: Heart Failure — Duration:

Due to Subacute Bacterial Endocarditis

Due to

Other Conditions Chr. cystic mastitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Reuling M.D.
Address 5-20-42 Date signed

92373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157c

Registered No. F 92373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 D.

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Eaton St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Elizabeth Citro. — (Birth F 49446)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 2. | If less than one day: hr. min.

9. Birthplace West Balt Gen Hosp (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gabriel Citro
13. Birthplace md

MOTHER
14. Maiden Name Ada Dundon
15. Birthplace md.

16 (a) Informant
(b) Address Birth certificate

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 20 1942 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 MAY 20 1942 (Date rec'd by registrar) Per [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1942 at 11:29 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16- 1942 to 5-17- 1942 and that I last saw her alive on 5-17- 1942

Immediate cause of death: Respiratory failure
Due to Congenital anomaly ?
Due to anencephalic monster.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. M. Checket MD
Address West Balt Gen Hosp Date signed 5-19-42

VS 3

9113

32374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 32374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME De Vincents (Birth F-49353)

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1942

8. AGE: Years	Months	Days	If less than one day
-	-	-	1 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Julius De Vincents
13. Birthplace New Jersey

MOTHER
14. Maiden Name Gladys Hobbs
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Julius De Vincents
(b) Address 700 E. Chase St. Balto., Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 20 1942

18 (a) Funeral director Commissioner of Health
(b) Address per H. A. Moore

19 (a) MAY 20 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1942, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1942, to April 9 1942 and that I last saw h[illegible] alive on April 9 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 5/18/42

VS 2

9111

F 92375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Riviera Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rockett Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Mc Neil

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/24/35

8. AGE: Years	Months	Days	If less than one day
7	11	25	hr. min.

9. Birthplace Kayle Pt. N. C.
(Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name Joseph Mc Neil
13. Birthplace S. C.

MOTHER
14. Maiden Name Hazel Lee
15. Birthplace N. C.

16 (a) Informant Parents
(b) Address Riviera Beach

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/42 (month), (day), (year)
(c) Cemetery or crematory Hayle Point
Location North Carolina

18 (a) Funeral director John B. Connolly
(b) Address Crisfield Md.

19 MAY 20 1942 H Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1942, at 6:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest + Autopsy (Autopsy or Inquiry) that said deceased came to her death on the day stated above.

Immediate cause of death COMMINUTED
Communicated fracture of skull

Duration

Due to

Due to

Other Conditions Fracture of base of skull

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-19-42 at 4:45 P M
(c) Where did injury occur? Old Chunick Road
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury? Pedestrian struck by Auto,

23. Signature Howard J. Knudsen M.D.
Medical Examiner.
Date signed 5-20-42

VS 6

415691

F 92378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. F 92378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME McHenry Charles Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife ~~Emma~~ [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 8 1870

8. AGE: Years	Months	Days	If less than one day
72	-	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name McHenry Howard

13. Birthplace Md.

MOTHER 14. Maiden Name Julia Coleman

15. Birthplace Va.

16 (a) Informant Record.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/42 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Baltimore Md

18 (a) Funeral director Henry W. Jenkins Sons Co

(b) Address McCulloh & Eutaw Sts

19 (a) MAY 21 1942 (b) Huntington Williamson, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 19 1942 and that I last saw h alive on May 19 1942

Immediate cause of death Uremia — Duration

Due to Hydronephrosis

Due to Carcinoma of prostate

Other Conditions Bilateral orchidectomy.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hosp. Date signed 5/19/42

F 92377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 W

F 92377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 N. St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 N. St Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Carey Baily

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 26, 1887

8. AGE: Years 55 | Months — | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Wholesale Drug Business
11. Industry or business Thos. Baily & Son

FATHER
12. Name G. Frank Baily
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Anne Irwin Carey
15. Birthplace Penna.

16 (a) Informant Helen H. Carey
(b) Address 2220 N. Charles St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22/1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Henry W. Jenkins & Son Co.
(b) Address Catonsville, Maryland.

19 MAY 21 1942 (b) Huntington Woods, Md.
(Must be rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1942, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1928, to May 20 1942 and that I last saw him alive on May 20 1942

Immediate cause of death: Hypernephroma Left Kidney — Duration 5 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Sept 1941
Major findings of operation: Inoperable Condition
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. D. Handley
Address 1403 Park Ave. Date signed May 21st 42

VS 1

F 92378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

Registered No. F 92378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperated

6 (b) Name of husband or wife John Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1900

8. AGE: Years	Months	Days	If less than one day
42	- -	8	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER
12. Name Edward Harrington
13. Birthplace Tenn.

MOTHER
14. Maiden Name Fannie Grayson
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-21-42 (month) (day) (year)
(c) Cemetery or crematory not Calvary
Location a.g. county

18 (a) Funeral director Adolphus Halstead
(b) Address 915 Druid Hill ave.

19 (a) Registered by registrar Harrington Nite (b) Registrar

MAY 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1942 at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/42 1942 to 5/18 1942 and that I last saw her alive on 5/18 1942

Immediate cause of death Exhaustion - Cachexia
Due to Carcinoma of ovary with metastases
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none at B.C.H.
Major findings of operation:
of autopsy:

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ronald B. Webb M. D.
Address Bel Air, Md. Date signed 5-21-42

F 92379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

F 92379

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City hospitals 172
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Brewer St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Frank Reed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1889

8. AGE: Years	Months	Days	If less than one day
52	1	12 16	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Armstead Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Josephine Robinson
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-23-42 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a County
18 (a) Funeral director Adolphus Hallstead
(b) Address 918 Druid Hill ave.
19 (a) (Date rec'd by registrar) Huntington Williams Registrar

MAY 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 5 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1942, to 5/17 1942, and that I last saw h er alive on 5/17 1942.

Immediate cause of death
Carcinoma of ovary
2 metastases — Duration 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation May 15 - 42

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 5-19-42

F 92380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

F 92380 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw Place - Brooks Lane Esplanade 904.

(c) Hospital or institution:

13-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Esplanade 904. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeannie V. L. Hamburger

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Benj. Hamburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1868

8. AGE: Years	Months	Days	If less than one day
73	8	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Johanna Van Leer

13. Birthplace Holland

MOTHER 14. Maiden Name Hannah Hirsch

15. Birthplace Germany

16 (a) Informant Mrs. F. H. Garfinkle

(b) Address 1019 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ohab Shalom

Location Balto. Md.

18 (a) Funeral director Harris Sonnenschein & Son

(b) Address 1902 Eutaw Place

19 (a) MAY 21 1942 (Date received by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 2.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to May 20 1942, and that I last saw h alive on May 20 1942.

Immediate cause of death	Duration
Acute dilatation of heart	1 hrs
Due to Arteriosclerosis	5 yrs
Due to Angina pectoris	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Frederick Lutz

Address Temple Garden Apts Date signed 5/20-42

Dr Adams 312 E. 23rd St.

F 92381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

Registered No. F 92381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Fop St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-7
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Fop St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cynthia Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1879

8. AGE: Years 62 63 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Unknown
13. Birthplace Va

MOTHER 14. Maiden Name Onie Brayton
15. Birthplace Va

16 (a) Informant Irene Lewis
(b) Address 2210 Hunter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 22 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

MAY 21 19[illegible] (Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1942, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1942 to May 19 1942 and that I last saw h[illegible] alive on May 18 1942

Immediate cause of death — Duration
Cerebral Hemorrhage — 3 da
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M.D.
Address 312 E 23rd St Date signed 5-21-42

F 92382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 B Registered No.

F 92382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 McHenry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town) 4
(d) Street No. 2507 Mc Henry St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond L. Lindner Jr (Birth F-48650)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age 54 42 years
7. Birth date of deceased (mo., day, yr.) May 14 1942
8. AGE: Years | Months | Days: 16 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Raymond L. Lindner
13. Birthplace Md

MOTHER
14. Maiden Name Grace H. Smith
15. Birthplace Md

16 (a) Informant Raymond L. Lindner
(b) Address 2507 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown Md

18 (a) Funeral director Harry H. Fritzke
(b) Address 4401 Edmondson Ave

MAY 21 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/42 19 at 430P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1942 to 5/20 1942, and that I last saw h alive on 19.

Immediate cause of death: Spina bifida
Due to: congenital -
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A Palais
Address 16 N. Fulton Date signed 5/22/42

VS 3

F 92383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. F 92383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Hollins St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William F. Stricker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine C. Stricker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1868

8. AGE: Years	Months	Days	If less than one day
74	—	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired, Assistant Deputy
11. Industry or business Janitor Tax Dept.

FATHER
12. Name William Stricker
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Mary Brady
15. Birthplace Ireland

16 (a) Informant Margaret Stricker
(b) Address 1522 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Schwatt
(b) Address 2101 Pulaski ave.

19 (a) MAY 21 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 5/18 1942 and that I last saw him alive on 5/18 1942.

Immediate cause of death Carcinoma of Liver — Duration 2 m.
Due to
Due to
Other Conditions Pulmonary Oedema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Kaufman
Address 2711 Mendell Ave. Date signed 5/20/42

VS 3

F 92781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 92384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY LEE DEAN HARVEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1921

8. AGE: Years	Months	Days	If less than one day
21	-	17	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Gordon Dean
13. Birthplace Georgia

MOTHER 14. Maiden Name Rosalie Bittings
15. Birthplace Georgia

16 (a) Informant Rosalie Batchelwood
(b) Address 1609 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. G. County Cemetery

18 (a) Funeral director Mrs. Robert A. Elliott Dept.
(b) Address 1129 N. Carolina St

19 [illegible] MAY 21 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 2:15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Bullet wound of chest — Duration

Due to — Duration

Due to — Duration

Other Conditions None — Duration

(Include pregnancy within 3 months of death)
Date of operation None — Duration
Major findings of operation: — Duration
of autopsy: Yes — Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-16-42 at 2 a M
(c) Where did injury occur? Holland Ave & Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Revolver during argument

23. Signature H. J. Wollenweber M.D. Asst Medical Examiner.
Date signed 5-18-42

VS 6

F 92385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

F 92385

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Waldo St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Williams

If U. S. Veteran specify WAR ...

(a) Residence: No. 1617 Waldo St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Williams

7. DATE OF BIRTH (month, day, year) 1873

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Annie M. Heatley

(Address) 1617 Waldo St

18. BURIAL, CREMATION, OR REMOVAL Md

Place Gardenville Date May 23, 19 42

19. UNDERTAKER J. T. Williams

(Address) 1515 McCulloh St

20. FILED ... Huntington Williams M.D.

MAY 21 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1942 to May 19, 1942

that I last saw her alive on May 18, 1942 Death is said to have occurred on the date stated above, at 6.40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance	
Arteriosclerosis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. R. Campbell M. D.

(Address) 718 Dolphin St.

F 92386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Dr L L Gordy 5106 Harford Rd

Registered 92386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Gibbons Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Gibbons Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kunigunda Dill

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband George E. Dill

6 (c) If alive, give age No

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1851

8. AGE: Years 91 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation House wife

11. Industry or business none

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs George Hudgins
(b) Address 2705 Gibbons Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery Loudon Park Cem
Location 3801 Frederick Road

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St.

19 MAY 21 1942 (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to May 19 1942 and that I last saw h[illegible] alive on Feb 15 1942

Immediate cause of death: Cardio-Vascular Renal — Duration 3 Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident, fall down stairs
(b) Date of occurrence May 19 1942 (City or town) Baltimore (County) Baltimore (State) Md
(c) Where did injury occur?
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fell down stairs

23. Signature L. L. Gordy M. D.
Address 5106 Harford Rd Date signed 5-20-42

Howard J. Walden, M.D. pro Dr

VS 3

F 92387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 92387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 Cherry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Cherry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Riddick

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3923

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bertha Klauzoska

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st, 1893

8. AGE: Years	Months	Days	If less than one day
48	10	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Bethlehem Fairfield Co.

FATHER
12. Name John Riddick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Amelia Malone
15. Birthplace Md.

16 (a) Informant Wife
(b) Address 1625 Cherry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location a.a. Co.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave

MAY 21 1942 (Date rec'd by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at 6:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and inspection (Autopsy or Inquiry) and (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 19 1942

VS 6

F 92388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 92388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Ashland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Ashland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Puncklett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 - 1922

8. AGE: Years	Months	Days	If less than one day
19	10	10	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Wade Puncklett
13. Birthplace S.C.

MOTHER
14. Maiden Name Julia Feard
15. Birthplace S.C.

16 (a) Informant Julia Puncklett
(b) Address 1526 Ashland Ave

17 (a) — (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Q A County

18 (a) Funeral director Lottie G Goss
(b) Address 1408 Ashland Ave

19 (a) MAY 21 1942 (Date received by Local Registrar) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/42 19 . to 5-20 1942. and that I last saw h alive on 5-20 1942.

Immediate cause of death

Acute Pulmonary

Due to T.B.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration
8 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Colon B. LeCompte M. D.
Address 1128 Cathedral St Date signed 5/24/42

92389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D C (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3977 Just N.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PETER P. PEPSIA

3 (b) If veteran, name war —

3 (c) Social Security Account No. 207-05-3334

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 29. 1918

8. AGE: Years	Months	Days	If less than one day
24	6 7	21	hr. min.

9. Birthplace Scranton Pa
(Town, county, and state)

10. Usual Occupation Jr. Mechanic

11. Industry or business Carrating.

FATHER
12. Name John A. Pepsia
13. Birthplace Lithuania

MOTHER
14. Maiden Name Eva Pelkevicius
15. Birthplace Lithuania

16 (a) Informant Anna M. Pepsia
(b) Address 2 Wrenton Place, Scranton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Scranton Pa

18 (a) Funeral director Thos J. Kenny
(b) Address Helen & Gibson

MAY 21 1942
(Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at 8 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation 5-20-42
Major findings of operation: as above

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-20-42 at 2 P M
(c) Where did injury occur? Washington Blvd. Laurel Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Passenger in auto car which struck pole

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 5-20-42

V8 6

F 92390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 92390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 Calvert
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chestnut Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isabella Thurston Swan

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Swan

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1857

8. AGE: Years 87 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Long Island, N. Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Thurston

13. Birthplace New York

MOTHER 14. Maiden Name Mary White

15. Birthplace New York

16 (a) Informant Mrs. Henry F Howden

(b) Address Chestnut Ave, Towson, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-42 (month) (day) (year)

(c) Cemetery or crematory Greenwood

Location Brooklyn NY

18 (a) Funeral director Stilwell Memorial Co.

(b) Address 1 Queen Ave.

19 MAY 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, 12:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to May 21 1942 and that I last saw her alive on May 20 1942.

Immediate cause of death Heart Failure — Duration: years

Due to Arterio sclerosis Cardio-vascular disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.

Address Union Memorial Hosp. Date signed 5-21-42

VS 3

E 92391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. E 92391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2068 Etting Street (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Weems

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	2	3		

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Augustus Weems
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Calvert Co. Md

16 (a) Informant Gertrude Haywood
(b) Address 648 Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah R Brown Jr
(b) Address 1084 Montgomery St

19 (a) MAY 21 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 1 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxia due to Ether Anesthesia — Duration
Due to
Due to
Other Conditions Strangulated hernia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 18 1942 at 1 30 P M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In Hospital (Specify type of place) While at work? No
(e) Means of injury Ether Anesthesia.

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed May 19 1942

VS 6

92393 B-73873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered Number E 92392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 EASTERN AVE
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hr. 55min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

15-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Allegheny Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT MOORE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1882

8. AGE: Years 59 60 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Moore
13. Birthplace Md.

MOTHER 14. Maiden Name Christina Smith
15. Birthplace W.Va.

16 (a) Informant B C H RECORDS
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 21 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date received by registrar) MAY 21 1942 Huntington, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1942, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1942 to 5-12 1942 and that I last saw h alive on 5-12 1942.

Immediate cause of death	Duration
Gangrene Lt Leg	?
Due to	
Due to	
Other Conditions Arteriosclerotic C-V Disease (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Bostick M. D.
Address Balto City Hosp Date signed 5-13-42

VS 1

9114

415372

F 92393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24a

Registered No. F 92393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Wolfe St.,
(c) Hospital or institution: Johns Hopkins Hosp.,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 16 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Presidio
(If outside city or town limits, write RURAL and give town)
(d) Street No. Headquarters 3rd Corps Area Balto. (Give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country
512 Albert Capitolinus Cal

3 (a) FULL NAME Elizabeth Grace

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-20

8. AGE: Years	Months	Days	If less than one day
21	4	20	hr. min.

9. Birthplace R.I.
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Joseph J Grace
13. Birthplace S C

MOTHER
14. Maiden Name Jeanne Dahen
15. Birthplace S.C.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat Cem.,
Location Va.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 (a) [illegible] Huntington Wilmington, N.C.
(Date rec'd by registrar) MAY 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 17 1942, and that I last saw her alive on May 17 1942

Immediate cause of death Septicemia (postabortion) — Duration 2 days

Due to

Due to

Other Conditions Schizophrenia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mabel Wilkins M. D.
Address Johns Hopkins Hosp. Date signed 5/17/42

VS 3

92394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 92394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Skala

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Cyril Skala Sr.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1894

8. AGE: Years	Months	Days	If less than one day
58	4	20	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

MOTHER'S FATHER
12. Name Unknown W
13. Birthplace

MOTHER'S
14. Maiden Name W
15. Birthplace W

16 (a) Informant Son., Cyril Skala Jr.,
(b) Address 822 N. Montford Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5.23/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

MAY 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 19 42, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 19 42 to 5/20 19 42, and that I last saw h[er] alive on 5/20 19 42.

Immediate cause of death Septicemia

	Duration
Due to Carbuncles, R. Leg	5 weeks
Due to	
Other Conditions Diabetes Mellitus	
Generalized Arteria Sclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther M. Steen M. D.
Address So. Balto. Gen. Hosp. Date signed 5-21-42

VS 8

92395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634

Registered Number E 92395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emmerich Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore - Edge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 E Blister
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Frank Boyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-1938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Beatrice Boyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1917

8. AGE: Years	Months	Days	If less than one day
24	9	1	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Glen L. Martin

FATHER
12. Name Harry Boyer
13. Birthplace Balto,

MOTHER
14. Maiden Name Markiewicz
15. Birthplace Baltimore, Md.

16 (a) Informant wife
(b) Address 44 Blister Ave, Middle R[illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 (a) Huntington Williams M.D. (Address)

MAY 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 20 - 1942, at 9:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions Mental Depression	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May - 20 - 42 at A.M.
(c) Where did injury occur? 62 N. Pratt St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Residence (Specify type of place) While at work? No
(e) Means of injury Inhalation of illuminating Gas

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed May - 24 - 42

F 92396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No.

F 92396

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline and Oliver St.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2-2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 418 S. Durham St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Oleszczuk (Mary Olester)

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-5364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Peter Olszewski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 1904

8. AGE: Years	Months	Days	If less than one day
28	3	11	hr. min.

9. Birthplace Baltimore (Town, county, or state)

10. Usual Occupation Owens Ill.

11. Industry or business

FATHER 12. Name Anthony Dolinowski

13. Birthplace Poland

MOTHER 14. Maiden Name Catherine Orlowski

15. Birthplace Poland

16 (a) Informant Mrs. Martha Porter sister

(b) Address 3108 Elliott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Baltimore (city)

18 (a) Funeral director John M. Weber

(b) Address 404 S. Chester Street

MAY 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942, to May 18 1942, and that I last saw her alive on May 18 1942.

Immediate cause of death: Bile peritonitis — Duration: 2 days

Due to Cholecystitis

Due to Cholelithiasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 16 1942

Major findings of operation: Cholelithiasis, chronic Cholecystitis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Felmerson M. D.

Address [illegible] Date signed 5-18-42

VS 1

F 92397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 92397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4206 Euclid avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Euclid ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ELLA PHILBIN

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Frank P. Philbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1857

8. AGE: Years	Months	Days	If less than one day
84	11	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Welsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dugan
15. Birthplace Ireland

16 (a) Informant Mrs. John T. O'Leary
(b) Address 4206 Euclid avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son, Inc
(b) Address 1121 W. Mt. Royal Ave

19 MAY 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18th. 1942 to May 20th. 1942, and that I last saw h 9f alive on May 18th. 1942.

Immediate cause of death: Myocarditis — Duration: 2 years
Due to ------
Due to
Other Conditions: Endocarditis & Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide or homicide~~ Lacerated forehead
(b) Date of occurrence May 18th. 1942 at 5 A. M
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, ~~public~~ place Home (Specify type of place) While at work? no
(e) Means of injury Fell out of bed.

23. Signature Jas. W. Livingood M.D.
Address 401 E. 25th. St. Date signed 5/21/42.

Howard J. Madden M.D.

F 92398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

✓ F 92398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 7-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Winston ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen G. Ellwood

3 (b) If veteran, name war: World War #1 —
3 (c) Social Security Account No.: No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married —

6 (b) Name of husband or wife: Viola Bathon Ellwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1897

8. AGE: Years	Months	Days	If less than one day
44	9	9	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Clerk Store room
11. Industry or business: City of Baltimore

FATHER
12. Name: Stephen G. Ellwood
13. Birthplace: Texas, Maryland

MOTHER
14. Maiden Name: Elizabeth G. Murphy
15. Birthplace: Ireland

16 (a) Informant: Mrs. Viola G. Ellwood
(b) Address: 512 Winston avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location

18 (a) Funeral Director: Chas. J. Cragg Son Inc
(b) Address: 1 E. Mt. Royal Ave

19 (a) MAY 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20-1942, at 2.15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held Investigation + Autopsy thereon and from the evidence obtained by said Investigation + Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration
Due to
Due to: Fractured leg: Multiple lacerations
Other Conditions: abrasions + bruises
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 5-20-42 at 2.20 A.M.
(c) Where did injury occur? York Rd & Winston ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Fall from tram, struck by automobile

23. Signature: Howard J. Waldron M.D. Medical Examiner
Date signed 5-20-42

VS 6

F 92393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Boone Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Boone Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Sue Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22-1873

8. AGE: Years 68 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, city, and state)

10. Usual Occupation School Teacher

11. Industry or business Retired 2 years

FATHER
12. Name John R. Bailey
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Elizabeth Boston
15. Birthplace Maryland

16 (a) Informant Mrs Ella V. Bailey
(b) Address 1901 Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3231 Falls Road

19 (a) MAY 21 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20. 1942 at 3:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to May 20 1942 and that I last saw her alive on May 20. 1942

Immediate cause of death

Coronary occlusion — Duration 1 day

Due to Cardio vascular hypertension — 1 year.

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Moorhe

Address 2435 Maryland Ave Date signed 5/21/42

VS 8

F 92400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No. F 92400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 CHRISTPHER AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 CHRISTPHER AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES SIGRIST

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-12-0792

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	WIDOWED

6 (b) Name of husband or wife SARAH JANE COOMBS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27-1872

8. AGE: Years	Months	Days	If less than one day
69	6	22	hr. min.

9. Birthplace ENGLAND (Town, county, and state)

10. Usual Occupation STABLEMAN

11. Industry or business

FATHER
12. Name ? SIGRIST
13. Birthplace ENGLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ✓

16 (a) Informant FLORA JANE WHITMORE
(b) Address 2304 CHRISTPHER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-12-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location

18 (a) Funeral director Leonard J. Pinder
(b) Address 5305 Harford Road

19 MAY 21 1942 (b) Registrar
Huntington Avenue, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1942 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1937 to 5-19 1942 and that I last saw him alive on 5-19 1942.

Immediate cause of death

Chr. myocarditis

Due to Hypertensive cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 yrs
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Lessi
Address 7 Hanford Rd Lonmore Date signed 5/20/42 M.D.

F 92401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 E. 31st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. 31st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Ireland

3 (a) FULL NAME Elizabeth Concannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John Concannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1866

8. AGE: Years 75 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Timothy Enright
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Quinn
15. Birthplace Ireland

16 (a) Informant Mrs. B. A. Coyne
(b) Address 206 E. 31st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 3911 Greenmount Ave.

19 (a) MAY 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at 3:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to May 19 1942, and that I last saw her alive on May 16 42.

Immediate cause of death: Broncho pneumonia — Duration: 3 days
Due to: arteriosclerosis cardio-renal disease — 5 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Karl Grossman M. D.
Address 1212 N Patterson Park Ave Date signed 5/21/42

VS 3

F. Karl Grossman 1212 Patterson Park Ave

92402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 92402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 Mandlin Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5/12
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 Mandlin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) Theodore E. Myers. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1861

8. AGE: Years	Months	Days	If less than one day
80	9	28	hr. min.

9. Birthplace Glandenberg, Pa. (Town, county and state)
10. Usual Occupation At Home —
11. Industry or business

FATHER
12. Name Wm. ~~Hunter~~ Suter
13. Birthplace Pa.

MOTHER
14. Maiden Name Barbara (?)
15. Birthplace Pa

16 (a) Informant John J. E. Myers. (Son)
(b) Address 2837 Mandlin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1402 E. Eager St.

19 MAY 21 1942 Huntington Williams, M.D. (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942; at 3-50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to May 20 1942 and that I last saw h alive on May 19 1942

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to Cardio Vascular renal Lesion — 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. M. Liefer M. D.
Address 1470 Mad Ave Date signed 5-20-42

VS 8

F 92403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. F 92403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto Parkville
(If outside city or town limits, write RURAL and give town)
Street No. 3709 Dr Bois Ave - Parkville
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie E. Myers

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ George Meyers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1882

8. AGE: Years	Months	Days	If less than one day
61	2	17	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Jacob Altman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Florence M. Arnold
15. Birthplace Balto Md.

16 (a) Informant G. Robert Myers
(b) Address 613 St. Charles St - Ridgewood

17 (a) Burial (b) Date thereof 5 23 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Elijah R. Dalby
(b) Address 1217 E. Pratt St

19 (a) (b) Hunting for Millstown, Md

MAY 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1942, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1942 to 5-21 1942, and that I last saw h[illegible] alive on 5-21 1942.

Immediate cause of death Post operative Hemorrhage

Due to

Due to

Other Conditions Cor Coronary Thrombosis Cholelithiasis
(Include pregnancy within 3 months of death)

Date of operation 5-11-42

Major findings of operation Cholelithiasis

Date of autopsy Autopsy Performed Hemorrhage Estimated 3000 cc

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature S. A. Alessi
Address 6217 Harford Rd Date signed 5/24/42 M. D.

Ham 1000

F 92404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92404
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE SELLMAN

3 (b) If veteran, name war: W
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1898
8. AGE: Years: 64 Months: Days: If less than one day: hr. min.
9. Birthplace: Marriottsville, Md
(Town, county, and state)
10. Usual Occupation: ?
11. Industry or business:

FATHER
12. Name: Mallon Sullivan
13. Birthplace: Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: William Sellman
(b) Address: 2731 Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1962 (month) (day) (year)
(c) Cemetery or crematory: Mt. View Cemetery
Location: Howard Co. Md.

18 (a) Funeral director: C. Harry Wells
(b) Address: Sykesville, Md.

MAY 28 1962
(Date rec'd by Registrar)
(b) Huntington for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1962 at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:
Due to
Due to
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: May 21, 1962 (month) (day) (year) 1 P.M.
(c) Where did injury occur? Wilkins Ave & Bernadine Ave Baltimore Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury: struck by auto car
23. Signature: H. Z. Williams M.D.
Medical Examiner.
Date signed: 5-21-62

VS 6

F 92405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1301 N Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Jane Hesser

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick E Hesser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1878

8. AGE: Years 64 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Tightsmans Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin F Harrison
13. Birthplace Tightsmans Md

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Tightsmans Md

16 (a) Informant Mr F E Hesser
(b) Address 1301 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery Lorraine
Location Balto Co Md

18 (a) Funeral director Leigh E Duffy
(b) Address 1217 St Paul St

19 (a) MAY 22 1942 (b) Huntingtn Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from post mortal years, and that I last saw h alive on 5-17 1942.

Immediate cause of death: Lobular pneumonia — Duration 1 wk.
Due to: Carcinomatosis —
Due to: Resection & Carcinoma of sigmoid 2 yrs ago
Other Conditions: Diabetes
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Carcinoma of Sigmoid
of autopsy: Local recurrence with metastasis to liver
Contributory

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus M. Rawitch M. D.
Address Johns Hopkins Hosp Date signed 5-19-42

VS 8

F 92406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 B

Registered No. F 92406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Morgue - 700 Fleet Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Bristol, England (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 Wordsworth Road (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3 (a) FULL NAME WILLIAM FREDERICK BLANNIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1913

8. AGE: Years 29 | Months | Days 20 | If less than one day hr. min.

9. Birthplace Bristol, England (Town, county, and state)
10. Usual Occupation Able Seaman
11. Industry or business British S.S. Holm Park

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant British Consul
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Ralph P Dolby
(b) Address 1217 St Paul St.

MAY 22 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 2:30PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence April 14, 1942 at 6:40 P.M.
(c) Where did injury occur? Port Covington, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bay (Specify type of place) While at work? Yes
(e) Means of injury Jumped off boat

23. Signature per Howard A. Waldeis, M.D. Medical Examiner
Date signed May 27th 1942

VS 6

F 92407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92407

CERTIFICATE OF DEATH

74a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Taplow Rd St. ..... Ward)

Length of residence in city or town where died occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Gordon Bird Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 102 Taplow Rd St. 27 Ward 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 30 - 1941

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Gordon Bird Sr.

14. BIRTHPLACE (city or town) (State or country) Waycross Ga

MOTHER

15. MAIDEN NAME Jeanne Elizabeth Elmer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Elmer

(Address) 102 Taplow Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns-Waverly Date 5/23 1942

19. UNDERTAKER Waltman Dolby

(Address) 127 St. Paul St

20. FILED MAY 22 1942 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 42

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1941 to May 21, 1942

I last saw h/m alive on May 14 1942. Death is said to have occurred on the date stated above, at 11 54 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia; Lymphemia

Date of onset 5-22-42

Other contributory causes of importance:

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? Lab. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm M Seafold M. D.

(Address) 1042 N. Madison

See instructions on back of certificate.

F 32408 73334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a Registered No. E-32408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 42
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Elliot

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 18, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Private

FATHER
12. Name Robert Elliot
13. Birthplace West Virginia

MOTHER
14. Maiden Name Martha Tripplett
15. Birthplace West Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address Records.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1207 W. Lexington St
(c) Registered No. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942 to 5-20 1942 and that I last saw alive on 5-20 1942

Immediate cause of death: Carcinoma of Cervix — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arnold B. Klebb, M. D.
Address Balto City Hosp Date signed 5-21-42

F 92409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92409

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: South Balto. General Hospital 24-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Week

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1647 Covington St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Catherine Mc Glone

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Married	William Mc Glone	years

7. Birth date of deceased (mo., day, yr.) June 2, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	11	2		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER

12. Name Edward J. Morley

13. Birthplace Ireland

MOTHER

14. Maiden Name Brigid Keelan

15. Birthplace Ireland

16 (a) Informant William Mc Glone

(b) Address 1647 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)

(c) Cemetery Cathedral

Location Balto Md.

18 (a) Funeral director Ralph P. Dolby

(b) Address 120 W. Park St

19 MAY 22 1942 Livingston Williams M.D.

(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 21 1942 and that I last saw h alive on May 21 1942.

Immediate cause of death: Bronchopneumonia — Duration: 1 week

Due to: Diabetic gangrene of foot

Due to: Diabetes mellitus

Other Conditions: Hypertension CVR Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) at M

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert M. Stern M. D.

Address 1 S. Calvert St

Date signed 5/21/42

F 92410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 92410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 W. Fairmount ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dean Alexander (Birth F-48531)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age (3-5-42) years

7. Birth date of deceased (mo., day, yr.) March 1, 1942

8. AGE: Years	Months	Days	If less than one day
	2	15	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Daniel Alexander
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosie Jones
15. Birthplace Virginia

16 (a) Informant Mother - Rosie Alexander.
(b) Address 1529 W. Fairmount ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Tivo
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N. Mount Street

19 (a) (Primary registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942, to May 20 1942, and that I last saw her alive on May 20 1942.

Immediate cause of death	Duration
Dehydration	
Due to Diarrhea	
Due to	
Other Conditions Eczema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edith Rodler M. D.
Address Univ. Hosp. Date signed 5-20-42

F 92411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 30

F 92411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Mt. Holly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Stenner

3 (b) If veteran, name war

3 (c) Social Security Account No. 215,01,2133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Katie Stenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1884.

8. AGE: Years	Months	Days	If less than one day
57	7	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Interior Decorator
11. Industry or business

FATHER
12. Name Henry Stenner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Katie Almang
15. Birthplace Balto. Md.

16 (a) Informant Mrs. A. Katie Stenner
(b) Address 421 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Witzke.
(b) Address 4101 Edmondson Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

MAY 22 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21/42. 19 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 1941 to 5/21 1942
and that I last saw h alive on 5/21 1942

Immediate cause of death: Cerebral hemorrhage — Duration 3 (D) Hrs.
Due to Cerebral arteriosclerosis — 5 Years
Due to Hypertension (essential) —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Rusk M.D.
Address 3629 E. Monument Ave.
Balto. Md.

T.N 73962

F 92412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

F 92412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Wiley (Or Walley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife Benjamin (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1868

8. AGE: Years	Months	Days	If less than one day
74	0	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John ?
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Woodly
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mr. Francis A. Hemsley
(b) Address 515 W. Pratt St. Huntingdon Williams, M.D.

19 (a) MAY 22 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1942, to 5/20 1942, and that I last saw h 2C alive on 5/20 1942.

Immediate cause of death	Duration
Pulmonary Embolus	1 Hr.
Due to Phlebitis	1
Due to	
Other Conditions Carcinoma of Stomach	7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/21/42

VS 3

F 92413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 92413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N. Rose St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N. Rose St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katarzyna Oracka.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Simon Oracki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1867

8. AGE: Years	Months	Days	If less than one day
76		8	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business At Home

FATHER
12. Name Joseph Para
13. Birthplace Poland

MOTHER
14. Maiden Name 2.
15. Birthplace Poland

16 (a) Informant Adam Oracki
(b) Address 2236 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1900 Eastern Ave

19 (a) MAY 22 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942 at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 21 1942 and that I last saw h alive on May 21 1942

Immediate cause of death: Hypostatic Pneumonia — Duration 5/15/42

Due to: Fracture of Left Hip — 21/1942

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-21-1942 at P. M
(c) Where did injury occur? 707 N Rose St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home While at work? No (Specify type of place)
(e) Means of injury Fell on floor

23. Signature William Rymarz M.D.

Address 841 N. Eutaw St Date signed 5-22-42

Howard J. Enselein M.D.

VS 3

F 92414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1150 Registered No. F 92414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Hilda Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4676

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband Frank L. Hooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1905

8. AGE: Years	Months	Days	If less than one day
36	11	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Operator C-P Telephone Co.
11. Industry or business

FATHER
12. Name John Muhlbauer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie Newman
15. Birthplace Balto. Md.

16 (a) Informant Frank L. Hooper
(b) Address 2004 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1942 (month) (day) (year)
(c) Cemetery or crematory St. Mathew Cem.
Location Odonnell St. Extended

18 (a) Funeral director Henry Hoeck & Sons
(b) Address 1301 E. Eager St.

19 (a) (b) Registrar

MAY 22 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 20 1942 and that I last saw her alive on May 20 1942

Immediate cause of death

	Duration
Septicemia	
Due to Extension of Abscessed Tooth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Arthur Rosberg M.D.
Address St. Agnes Hosp. Date signed 5/20/42

F 92415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6101 Stuart Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Ernest W. Kratz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Katherine G. Kratz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1875

8. AGE: Years	Months	Days	If less than one day
67	4	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Conrad Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Ulrich
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. John E. Kratz
(b) Address 6101 Stuart Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md.

19 (a) MAY 22 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/1942 at 7.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19/1942 to 5/21/1942 and that I last saw h[illegible] alive on 5/21/1942

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. J. Ulrich M. D.
Address Univ. Hosp. Date signed 5/21/42

vs 3

F 92416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

F 92416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Brighton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Brighton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD WEBSTER WALTON, SR.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-18-3155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Nellie K. Lightner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	21	hr. min.

9. Birthplace Lancaster Co., Pa. (Town, county, and state)
10. Usual Occupation retired pharmacist
11. Industry or business

FATHER
12. Name Thomas Beck Walton
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma Morphaker
15. Birthplace Pa.

16 (a) Informant Mrs. N. K. Walton, wife
(b) Address 3202 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address MAY 22 1942 & Pa. Avenues, Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Mills Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1941, to May 20 1942, and that I last saw h alive on 19

	Duration
Immediate cause of death Hemiplegia	2 days
Left Side paralysis	
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Na
Major findings of operation:
of autopsy: Na

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury No

23. Signature Herbert E. Zapf, M. D.
Address 3048 N. North Av. Date signed May 23 42
Baltimore Md.

VS 3

F 92417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ F 92417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2213 Ellamont St.
(c) Hospital or institution:

1567

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA MAY HOOTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1857

8. AGE: Years 85 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Preston County, W. Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Albert Hooton
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Felton
15. Birthplace Va.

16 (a) Informant Miss Claire Hooton - niece
(b) Address 2213 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto., Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North Ave. & Fa. Ave., Balto., Md.

19 (a) MAY 22 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1942 to 5-20 1942 and that I last saw [illegible] alive on 5-19- 1942

Immediate cause of death: Pulmonary Edema — Duration: 1 day
Due to: Acute Congestive Heart disease — 2 days
Due to: Chronic Interstitial Nephritis Arteriosclerosis — 12 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

(Signature) C. Luther Ray M.D.
Address 1901 Eutaw Date signed 5/21/42

VS 3

F 92418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 92418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RUDOLPH MILTON WINTERLING

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Erna B. Winterling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name George Winterling
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Vogeler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Erna B. Winterling, wife
(b) Address 3302 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible] & Pall Bearers [illegible]

MAY 22 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1942, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1942 to May 21 1942; and that I last saw h.m. alive on May 21 1942.

Immediate cause of death	Duration
Due to Coronary thrombosis	3 mos
Due to Hypertension	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lentz, M. D.
Address Temple Gardens Apts. Date signed 5/22/42

VS 8

F 92419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 92419

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St

(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County Balto

(c) City or town Baltimore Owings Mills 2

(If outside city or town limits, write RURAL and give town)

(d) Street No. 855 Mosher St.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Henry Addison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1928

8. AGE: Years	Months	Days	If less than one day
13 12	5 4	19	hr. min.

9. Birthplace Wallville Carroll County (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name George Addison

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Mary E. Coats

15. Birthplace Wallville Carroll County

16 (a) Informant Father

(b) Address 1838 2nd St N.W. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cemetery md.

Location

18 (a) Funeral director Chas. H. Burkett

(b) Address 528 Lanvale St.

19 (a) Registered MAY 22 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to May 20 1942 and that I last saw h.m alive on May 20 1942.

Immediate cause of death Conjestion of vomitus — Duration

Due to Acute Uremia

Due to

Other Conditions Part of pneumonia appendicular abscess

(Include pregnancy within 3 months of death)

Date of operation May 19 1942

Major findings of operation: Acute appendicitis

of autopsy: Hard stuff in trachea & bronchi

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bernard Harris M. D.

Address 1207 N. Carolina Date signed 5-20-42

VS 2

F 92420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92420

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 248 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Jose A Dávila

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Angelena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14 1870

8. AGE: Years	Months	Days	If less than one day
71	6	5	hr. min.

9. Birthplace Mexico
(Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Joseph A Dávila
13. Birthplace Mexico

MOTHER
14. Maiden Name Not Available
15. Birthplace Mexico

16 (a) Informant Mrs Jose A Dávila
(b) Address 248 N Fulton Ave

17 (a) Burial (b) Date thereof 5-22-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton Ave & Lafayette

19 (a) MAY 22 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/42 19 at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15/42 19 to 5/19/42 19, and that I last saw him alive on 5/19/42 19

Immediate cause of death	Duration
Acute cardiac dilatation	2 hrs.
Due to Chronic myocarditis &	
Due to hypertension	4 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Cates M. D.
Address 47 N. Fulton Date signed 5/20/42

VS 8

F 92421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92421

CERTIFICATE OF DEATH.

161c

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1302 N. Chester ST., 8-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Tate

(a) RESIDENCE No. 1302 N. Chester ST., WARD (Birth F-49511)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem.	W.	

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1942

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Harry Tate

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Demo

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Harry Tate
(Address) 1302 N. Chester St.

MAY 22 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 19 42

17

I HEREBY CERTIFY, That I attended deceased from May 21, 19 42 to May 21, 19 42,

that I last saw h~~er~~ alive on May 21, 19 42,

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Hypothermia

Hemorrhage of newborn

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Adolph S. Ravin, M.D.

May 22, 19 42 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and, (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Memorial

DATE OF BURIAL May 22 19 42

20 UNDERTAKER Martin E. Zapf

ADDRESS Eutaw St.

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPA-

F 92422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 92422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1336 N. 41st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 N. 41st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah Jane Swam

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William H. Swam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24-1852

8. AGE: Years 89 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name David Painter

13. Birthplace Maryland

MOTHER 14. Maiden Name Susanna Frank

15. Birthplace Maryland

16 (a) Informant Miss Jennie Swam

(b) Address 1336 N. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Marys (Hampden)

Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) MAY 22 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21- 1942, at 9:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to May 22 1942, and that I last saw her alive on 5-21 1942

Immediate cause of death Arteriosclerosis — Duration 1 Yr.

Due to Pulmonary Edema — 2 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Leon M.D.

Address 2530 E. Oliver Date signed 5/22/42

F 92423 2697 8896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 c F 92423 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Franklin Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Judson Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No. 166-16-9007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1921

8. AGE: Years	Months	Days	If less than one day
21	4	28	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Airplane mechanic

11. Industry or business

FATHER
12. Name Samuel Lloyd
13. Birthplace North Wales, Boston

MOTHER
14. Maiden Name Florence Owen
15. Birthplace England

16 (a) Informant Samuel Lloyd
(b) Address 2021 Franklin St., Washington

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-42 (month) (day) (year)
(c) Cemetery or crematory Deniscon
Location Forty Fort, Pa.

18 (a) Funeral director Ralph P. Dobly
(b) Address 1247 St. Paul St.

19 MAY 22 1942 (Date rec'd by registrar) (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1942, at 12:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fat embolism — Duration
Due to: Comminuted fracture of left femur
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: May 22 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 19, 1942 at 2 A. M
(c) Where did injury occur? Washington Blvd., Laure (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury auto struck pole

23. Signature Robert Lee Gratacap M.D. (Medical Examiner)
Date signed May 22nd 1942

VS 6

F 92424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131 B

F 92424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Eutaw Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecelia R. McKenna

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7/1877

8. AGE: Years 64 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis S. McKenna
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A. Rose
15. Birthplace Baltimore

16 (a) Informant Mother Nursing Home
(b) Address 1700 Eutaw Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Washington D. C.

18 (a) Funeral director Uphoff Stevens Sons
(b) Address 2024 Orleans St

19 (a) MAY 22 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 2:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1941, to May 22 1942 and that I last saw her alive on May 21 1942.

Immediate cause of death	Duration
Myocardial degeneration	3 yrs.
Due to Chr. nephritis	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Homer L. Todd M. D.
Address 735 N. Fulton Ave Date signed 6/22/42

VS 3

F 92425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W F 92425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calhoun Street
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 6dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Bayard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IRVIN SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-8326

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Viola Smith
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 5, 1900

8. AGE: Years	Months	Days	If less than one day
42	2	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Benjamin Smith
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Ames
15. Birthplace Baltimore, Maryland

16 (a) Informant Viola Smith
(b) Address 1305 Bayard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) MAY 22 1942 (Date rec'd by registrar) (b) Huntington Williams Mgr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 10:05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary edema	
Ana aorta	
Due to Compound fracture of	
left tibia	
Due to Gangrene of left leg	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 19 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 13 1942 at M
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house While at work? No (Specify type of place)
(e) Means of injury Fall from window
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed 5-19-42

VS 6

F 92426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabell Sample
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem
5. Color or race Col
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Solomon Sample
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 1869
8. AGE: Years 72 | Months 8 | Days | If less than one day hr. min.
9. Birthplace Howard Co. Md (Town, county, and State)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name Joshua Warfield
13. Birthplace Howard Co, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Sample
(b) Address 1122 Myrtle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 1 N. Schroeder St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1942 at 11:55 PM
21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1942 to May 19 1942 and that I last saw h[illegible] alive on May 19 1942.

Immediate cause of death
Pneumonia — Duration not stated
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles C. Warfield, M. D.
Address 861 Stanley Ave Date signed May 19 1942

F 92427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Bartlett Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Bartlett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If [illegible] give 22 1866

7. Birth date of deceased (mo., day, yr.) 6 [illegible] 1864

8. AGE: Years 76 | Months 09 | Days 01 | If less than one day: hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business —

FATHER
12. Name William Burgess
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Sarah Burgess
15. Birthplace N. Carolina

16 (a) Informant Mrs Ruth Jones
(b) Address 614 Bartlett Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-22-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location

18 (a) Funeral director Mary M. Woodland
(b) Address [illegible] E 32nd St

MAY 22 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/1942, at 10.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/1942 to 5/21/1942 and that I last saw h. alive on 5/20/1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 hrs

Due to: Arteriosclerosis — 6 mos

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thomas J. Mistr M.D.
Address 532 E 22nd St. Date signed 5/22/42

VS 1

92428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 92428

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fr Loyd Mills

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-01-3969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1895

8. AGE: Years	Months	Days	If less than one day
47	2	5	hr. min.

9. Birthplace West Point Virginia (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name John Mills
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Virginia

16 (a) Informant Mary Casey
(b) Address 904 McDonough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md

18 (a) Funeral director Mrs. Robert A. Elliott & Co.
(b) Address 1129 N. Caroline St

19 (a) [illegible] (b) Huntington Williams, M.D.

MAY 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at 6.40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Chronic Myocardial Degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5-20-42

92429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-D

F 92429
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) same.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County
(c) City or town Harrisburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 North Front Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Emily Reily

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-1875

8. AGE: Years	Months	Days	If less than one day
66	8	19	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name George Wolf Reily
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Rummel Kerr
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Caroline Reily Bailey
(b) Address Fishers Road, Boyd Town, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (month) (day) (year)
(c) Cemetery or crematory Harrisburg Cemetery, Location Harrisburg, Pa.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

MAY 22 1942 Huntington Williams
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, 7:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1942 to 5-21 1942 and that I last saw her alive on 5-21 1942.

Immediate cause of death Cachexia

Due to Carcinomatosis

Due to Carcinoma of Anus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-4-1942

Major findings of operation: Carcinoma of anus with metastasis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M. D.
Address Union Memorial Hospital Date signed 5-21-42

VS 3

2430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 92430 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette + John St.
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Park Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Cromwell Congdon

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) August 8, 1870

8. AGE: Years	Months	Days	If less than one day
71	9	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Social Worker
11. Industry or business Brown Memorial Church

FATHER
12. Name Samuel H. Congdon Sr
13. Birthplace R. I.

MOTHER
14. Maiden Name Harriette Cromwell
15. Birthplace Balto Md

16 (a) Informant Saml H. Congdon Jr
(b) Address 242 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/4 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Pl

19 MAY 22 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942 at 8:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to May 21 1942 and that I last saw h[illegible] alive on May 21 1942.

Immediate cause of death: cardiac failure - arteriosclerosis — Duration

Due to: malignancy - uterus

Due to:

Other Conditions: Diabetes. Anemia carcinomatous peritonitis
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Carl S. Hellijas Date signed 5/21/42

VS 8

Womans Hospital

F 92431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V48-a

F 92431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 North Eden Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Eden Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME Maryanna Adamski Wilmart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51 50			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrzej Stryjewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Edward Adamski (Son)
(b) Address 1240 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Md.

18 (a) Funeral director Lease & Weber
(b) Address 706 S. Ann St

19 (a) MAY 22 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1942, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to May 21 1942.
and that I last saw her alive on May 20 1942.

Immediate cause of death
CARCINOMA of CERVIX

Duration 17 M.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be discharged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earle B. Wilkins M.D.
Address 2224 Eutaw Pl Date signed 5/22/42

F 92432

MARZEC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 92432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph' Hop.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 day
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S Bond st (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Marzec

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband Frank Marzec
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Home Mkr.
11. Industry or business

FATHER
12. Name Michael Doroziak
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Augustyniak
15. Birthplace Poland

16 (a) Informant Frank Marzec
(b) Address 806 S Bond street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md.

18 (a) Funeral director Geo. A Weber
(b) Address 705 S Ann st

MAY 22 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1942, at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19, 1942 to May 21 1942, and that I last saw her alive on May 21 1942.

Immediate cause of death Cachexia
Metastasis

Due to Carcinoma of the Ovary with metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 5, 1942

Major findings of operation as above Permanent

of autopsy: Not Obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Joseph
Address St Joseph Hospital Date signed 5/21/42 M. D.

VS 3

F 92433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6-94-B

F 92433 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1124 Battery ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1124 Battery ave (If rural, give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William T. Berryman

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-5111

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cecilia M. Berryman

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 8, 1886

8. AGE: Years	Months	Days	If less than one day
55	11	14	hr. min.

9. Birthplace Balto., Md (town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business B & O. RR

FATHER

12. Name Berryman

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Elizabeth ——

15. Birthplace Balto Md

16 (a) Informant Mrs. Cecilia Berryman

(b) Address 1124 Battery ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 25/42 (month, day) (year)

(c) Cemetery or crematory Cedar Hill Cemetery

Location Brooklyn, Anne Arundel Co Md

18 (a) Funeral director Maurice J. Feldman

(b) Address 142 2 Light St

MAY 22 1942 (b) [illegible] Williams, M.D.

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1942 to 5/22 1942.

and that I last saw h[illegible] alive on 5/21 1942.

Immediate cause of death Uremia Pedros — Duration 9 days

Due to Hypertension Cerebral — 7 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 5/22/42

VS 2

92434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

Registered No. F 92434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edward Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	B	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAY 22 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 22 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to May 18 1942 and that I last saw h/m alive on May 18 1942

Immediate cause of death: Exanition — Duration: 1 wk.

Due to Carcinoma of Oesophagus — Duration: Uncertain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Lasser M. D.
Address Mercy Hospital Date signed 5-18-42

VS 8

115

F 92435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 92435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Druid Hill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BUSTER BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 22 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
MAY 22 1942 (b) Per H. A. Hooge. Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 2 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured skull
Due to Epileptic fit.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 12, 1942 at 12:20 P.M
(c) Where did injury occur? Biddle & McCulloh Sts Southeast corner (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell during an epileptic attack.

23. Signature T. J. Wollenweber M.D.
Medical Examiner.
Date signed 5-21-42

#116

VS 6

F 92436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

F 92436
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital (D 04)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 N. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGEIVE RUDOLF PERRY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Rol M Bennett
6 (c) If alive, give age 20 years
7. Birth date of deceased (mo., day, yr.) Nov 22 - 1912
8. AGE: Years 29 | Months 5 | Days 28 | If less than one day: hr. min.
9. Birthplace Topeka Kansas (Town, county, and state)
10. Usual Occupation Merchant Marine
11. Industry or business Seaman

FATHER
12. Name Dont know
13. Birthplace Dont Know

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Rose Marie Perry
(b) Address 512 S Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (month) (day) (year)
(c) Cemetery or crematory St Patricks
Location Baltimore

18 (a) Funeral director John Williams
(b) Address 1102 Huntington Ave Williams, M.D.

19 (a) MAY 22 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942 at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: drowning — Duration:
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-20-42 at 12 PM
(c) Where did injury occur? Pier 4. Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? (Specify type of place)
(e) Means of injury Fell off ship into water

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 5-20-42

VS 4

F 92437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-a

Registered No. F 92437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution:
Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Hanover Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Kathleen Mae Brougher

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Charles C. Brougher
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Dec. 9 1916

8. AGE: Years	Months	Days	If less than one day
25	5	13	hr. min.

9. Birthplace Clyde Penn. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name L. A. Hoke (Lewis Hoke)
13. Birthplace Penn.

MOTHER
14. Maiden Name Clede Gross
15. Birthplace Penn.

16 (a) Informant Husband
(b) Address 3014 Hanover Road, Balt.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/27/42 (month) (day) (year)
(c) Cemetery or crematory Marysville
Location Marysville Pa.

18 (a) Funeral director Ralph E. Dolby
(b) Address 1219 E. Pond St.

19 (Date rec'd by registrar) MAY 22 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/42 19 at 1.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14/42 19 to 5/22/42 19, and that I last saw h. alive on 5/22/42 19

Immediate cause of death
Secondary hemorrhage post operative

Duration
[redacted] 8 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Post operative adhesions of cystic artery - necessitating Re-Exploration
Of autopsy Secondary hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Mitchell M. D.
Address Md. Gen. Hosp. Date signed 5/22/42

VS 1

92438 F 92438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 Gorman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Gorman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin Franklin Starr

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1903

8. AGE: Years	Months	Days	If less than one day
38	6	8	hr. min.

9. Birthplace Balto. Md. (City, county, and state)
10. Usual Occupation Clerk
11. Industry or business A & P Grocery Co

FATHER
12. Name Frank L. Starr
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Daisy M. Wolfe
15. Birthplace Balto Md.

16 (a) Informant Evelyn F. Starr
(b) Address 17 Gorman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/42 (month) (day) (year)
(c) Cemetery Woodlawn
Location Md

18 (a) Funeral director Ralph P. Dobby
(b) Address 1217 St Paul St.

MAY 22 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1942 at 1201 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to May 19 1942 and that I last saw h alive on 19

Immediate cause of death

Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Epilepsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin A Parker M. D.
Address 2145 W Balto Date signed 5/20/42

VS 3

92439 F 92439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

To be OK'd by Med. Ex[illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 Fairvale Road - Brooklyn Pk
(c) Hospital or institution Provamans Died at S. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead on arrive
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Edgevale Rd (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Valentine Grantlin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of wife Mary L. Grantlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1892

8. AGE: Years	Months	Days	If less than one day
50	3	11	hr. min.

9. Birthplace Cecil Co. Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business American Die Flower Co

FATHER
12. Name William S. Grantlin
13. Birthplace Queen Annes Co. Md.

MOTHER
14. Maiden Name Annie Booker
15. Birthplace Queen Annes Co. Md.

16 (a) Informant Mary L. Grantlin
(b) Address 2 Edgevale Rd - Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Park
Location Glen Burnie Md.

18 (a) Funeral director Ralph P. Stone
(b) Address 127 E 31st Pond St

MAY 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1942, 10 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1941 to May 18 1942 and that I last saw him alive on May 18 1942

Immediate cause of death: Acute Cardiac Failure — Duration: Sudden
Due to: Aortic & Mitral Rheumatic endocarditis — Duration: Unknown
Due to: Chronic Rheumatic fever about age of 14 — Duration:
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature H. S. Wollenweber M.D.
Address 105 Med Arts Date signed 5/24/42

H. S. Wollenweber M.D. for S.M.F.

VS 8

92440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. E 92440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenmount Ave near 25th St
(c) Hospital or institution: Southern Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. Greenmount Ave 25-St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Jane Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1860

8. AGE: Years	Months	Days	If less than one day
82	1	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Richard Hutchins
13. Birthplace Va.

MOTHER
14. Maiden Name Nancy Dudley
15. Birthplace Va

16 (a) Informant Harry O. Casey
(b) Address 1546 Yorkwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet

18 (a) Undertaker or local director Baltimore Md
(b) Address 721 St. Paul St

19 MAY 22 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to May 21 1942, and that I last saw h alive on March 1942

Immediate cause of death: Arteriosclerosis / Hypertension

Due to Endocarditis

Due to

Other Conditions Hypertrophied Prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 7 mo 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Dudley M. D.
Address Medical Arts Bldg Date signed

92441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-D

Registered No. E 92441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 Garrett Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-97

8. AGE: Years	Months	Days	If less than one day
44	4	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business

FATHER
12. Name James Dempsey
13. Birthplace Md.

MOTHER
14. Maiden Name Nellie Wilkins
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery Maryland Park
Location Parkville Md.

18 (a) Funeral director Ralph P. Dolby
(b) Address 627 St. Paul St.

MAY 22 1942 (Date received by local registrar) Huntington Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942 at 1 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 21 1942 and that I last saw h[illegible] alive on May 21 1942

Immediate cause of death Spontaneous Hemopneumothorax — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp. Date signed 5/21/42

VS 3

F 92442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95a

Registered No. F 92442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Pennington Ave. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Johansen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-7769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/27/08

8. AGE: Years	Months	Days	If less than one day
33 32	6	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Steel Helper

11. Industry or business Lumber Industry

FATHER
12. Name Oscar Johansen
13. Birthplace Norway

MOTHER
14. Maiden Name Mary Hamill
15. Birthplace Baltimore

16 (a) Informant James J Nolan M.D.
(b) Address Union Memorial

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location B. & O. Co.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 MAY 22 1942 Huntington Williams M.D. (Date received by Local Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 1942 at 2:38 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1942 to 5/20 19 . and that I last saw h[illegible] alive on 5/20 1942

Immediate cause of death Asystole

Due to Asystole

Due to Congenital Heart disease

Due to decompensated

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Patent ductus Arteriosus ARTERIOSIS

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J Nolan M.D.
Address Union Memorial Date signed 5/20/42

VS 3

Robert Walker, Jr.

92443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene
(c) Hospital or institution: University Hosp (Balto)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town ~~County~~ Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Walker jr (Birth F 47336)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 42

8. AGE: Years	Months	Days	If less than one day
	1	14	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl Walker
13. Birthplace Iowa

MOTHER
14. Maiden Name Mary Douglas
15. Birthplace Kentucky

16 (a) Informant Earl Walker
(b) Address East Ave, Fullerton R.D. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Williamsburg, Ky.

18 (a) Funeral director Leonard Wood
(b) Address 5205 Harford Rd.

19 (a) MAY 22 1942 Huntington Williams, M.D. Registrar
(b) [illegible] 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1942 to 5-22 1942 and that I last saw h[illegible] alive on 5-22-1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Gen. edema, heart decompensation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Bronchopneum. Lobar atyp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Waller M. D.
Address Univ. Hosp. Date signed 5-22-42

VS 8

F 92444 ! X ✓

BALTIMORE CITY HEALTH DEPARTMENT 47-a F 92444

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr5mo27da
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr5mo27da

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County
(c) City or town San Pedro (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Center Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN OLIVER

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 557 16 5752

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	10	hr. min.

9. Birthplace France (Town, county, and state)

10. Usual Occupation AB Seaman

11. Industry or business

FATHER 12. Name Francis Oliver

13. Birthplace France

MOTHER 14. Maiden Name Mary Rault

15. Birthplace France

16 (a) Informant Records US Marine Hospital

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 42 (month) (day) (year)

(c) Cemetery or crematory St. Matthews

Location O'Donnell St.

18 (a) Funeral director S. Watts Mary

(b) Address 619 N. Bouldin St.

MAY 22 1942 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1942, at 8:05a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24, 1940 to May 21, 1942, and that I last saw him alive on May 21, 1942.

Immediate cause of death	Duration
Hemorrhage from the right carotid artery	½ hour
Due to Necrosis and infection of larynx	6 mo.
Due to Carcinoma of larynx	6 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 8/11/42; 10/11/41; 10/29/41

Major findings of operation Laryngo fissure; Sequestrectomy; Sequestrectomy of laryngeal cartilage

Date of autopsy As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Oliver M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 5/22/42

VS 2

F 92445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-0

Registered No. F 92445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 E. Pratt ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 E. Pratt ST
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William R Shanks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-3371

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married.

6 (b) Name of husband or wife Rosie Mae Shanks

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) May 1 1907

8. AGE: Years	Months	Days	If less than one day
35	—	21	hr. min.

9. Birthplace Greenville Md.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Tobb Contractors

FATHER 12. Name Thomas Shanks

13. Birthplace Greenville, Md.

MOTHER 14. Maiden Name Elig. May Davis

15. Birthplace Queen Anne County

16 (a) Informant wife

(b) Address 2209 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 42 (month) (day) (year)

(c) Cemetery or crematory Chesterfield Cem.

Location Centerville, Md.

18 (a) Funeral director John C. Miller Inc.

(b) Address 2405 E. Oliver St.

19 MAY 22 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 10 A.M. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Cardiac hypertrophy and dilatation — Aortic insufficiency — Rheumatic Endocarditis

Due to

Due to

Other Conditions [redacted]
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: May 22nd 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Stratton M.D.
Medical Examiner.

Date signed May 22nd 1942

V8 6

92446

HEALTH DEPARTMENT—CITY OF BALTIMORE

92446

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Elwood Ave St. 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Roth

If U. S. Veteran specify WAR

(a) Residence: No. 607 N. Elwood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Roth

6. DATE OF BIRTH (month, day, year) Jan. 16-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Roth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hettchen

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Antonia Roth

(Address) 607 N. Elwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date May 23. 42

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED MAY 22 1942 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 19 42

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 19 42 to 5/20, 19 42

I last saw him alive on 5/20, 19 42 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4/8/42
Other contributory causes of importance: Pulmonary Tbc — (lighting up of old anatomical)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Barden M. D.

(Address) 1817 E. North Ave

92447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

F 92447

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Orchard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Dingle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 - 1940

8. AGE: Years 2 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Manning S C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Able Dingle

13. Birthplace S C

MOTHER 14. Maiden Name Mary Richburg

15. Birthplace S C

16 (a) Informant Able Dingle

(b) Address 504 Orchard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Charles L. Cooper

18 (a) Funeral director 514 N. Calhoun St.

(b) Address 638 N. Fulton St

19 MAY 22 1942 Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 1:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942, to May 22 1942, and that I last saw h[illegible] alive on May 22 1942.

Immediate cause of death Convulsions — Duration 3 days

Due to encephalitis meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy staff changes of brain

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Fairbrother M. D.

Address [illegible] Date signed 5-22-42

VS 2

92448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 0

F 9244A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County Adams
(c) City or town Abbottstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lincoln Highway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Senty Spangler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Harry Spangler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Hanover Pa.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business Home

FATHER
12. Name Samuel Senty.
13. Birthplace Penna.

MOTHER
14. Maiden Name Ella Wheedy.
15. Birthplace Penna.

16 (a) Informant Harry Spangler
(b) Address Abbottstown, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1942 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Abbottstown Pa.

18 (a) Funeral director W. G. Fleury
(b) Address Hanover Pa.

19 (a) MAY 23 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 6 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to May 22 1942 and that I last saw her alive on May 22 1942.

Immediate cause of death: Glioma, left frontal lobe of brain.

Duration: 2½ mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 22, 1942

Major findings of operation: Tumor, probably glioma, left frontal lobe of brain

of autopsy Glioma, left frontal lobe

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence S. Cannon

Address University Hospital Date signed 5/22/42 M. D.

VS 3

F 92449 ✓ F 92449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. 92117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Grunsprung - Belvedere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving Bloomenthal

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Bloomenthal
6 (c) If dead, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1874

8. AGE: Years	Months	Days	If less than one day
67	9	16	hr. min.

9. Birthplace Kovener (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Isador Bloomenthal
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Sig Feuerlicht
(b) Address Grunsprung - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemt
Location 3600 E. Balto St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 22 1942 Huntington Williams M.D.
(b) Registrar's signature MAY 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to May 21 1942 and that I last saw him alive on May 20 1942

Immediate cause of death Acute coronary thrombosis — Duration
Hypertension; Arteriosclerosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed 5/22/42 (M. D.)

VS 3

F 92450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered Number F 92450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 N. Appleton St.
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1102 N. Appleton St., Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Brown.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-01-2282

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie O. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30, 1879

8. AGE: Years 63 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation painter

11. Industry or business

FATHER
12. Name Joseph B. Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Josephine Suter
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. A. O. Brown, wife
(b) Address 1102 N. Appleton St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAY 23 19[illegible] Washington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 4.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1942, to 5/21 1942, and that I last saw h. alive on 5/21 1942.

Immediate cause of death: Carcinoma Thrombosis — Duration: 17 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua M. Parran M.D.

Address W 3 6 4 Date signed 5/21/42 M. D.

VS 2

F 92451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

Registered 92451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. AGNES HAIN FREBURGER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles Edw. Freburger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1864

8. AGE: Years 78 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Christian Hain
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Becker
15. Birthplace Germany

16 (a) Informant Mr. Chas. E. Freburger
(b) Address 2205 W. Baltimore St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road, Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (c) MAY 22 19[illegible] Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to May 20 1942; and that I last saw h[illegible] alive on May 20 1942

Immediate cause of death: Carcinoma of uterus — Duration: 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A. Magruder, M.D.
Address 1945 N. Calvert St. Date signed May 22, 1942

F 92452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 92452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 Atkinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Atkinson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys M. Marston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dewey L. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 29, 1900

8. AGE: Years 41 | Months 9 | Days 22 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: James H. DeVilbiss
13. Birthplace: Md.

MOTHER
14. Maiden Name: Agnes S. Knott
15. Birthplace: Md.

16 (a) Informant: Dewey L. Marston
(b) Address: 2717 Atkinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (month) (day) (year)
(c) Cemetery or crematory: Oella
Location: Oella, Md.

18 (a) Funeral director: Thomas F. Donovan
(b) Address: 3615-17 Roslyn Ave

19 MAY 23 1942 Huntington Williams, M.D. Registrar
Where received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 5:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Pulmonary embolism — Duration
Due to: Recent gastro-enterostomy
Due to:
Other Conditions: Inoperable carcinoma of stomach (Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratton M.D. (Medical Examiner.)
Date signed May 22nd 1942

VS 6

F 92453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408-E. Preston Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 64-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408-E. Preston Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3 (a) FULL NAME Mary O'Neill

3 (b) If veteran, name war --no

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/31/1858

8. AGE: Years 83 | Months 4 | Days 21 | If less than one day - hr. - - - min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

MOTHER / FATHER

12. Name Felix O'Neill

13. Birthplace Ireland

14. Maiden Name Jane Shorten

15. Birthplace Ireland

16 (a) Informant Miss Anna O'Neill

(b) Address 2406-E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.

(b) Address 1735-Harford Ave.

19 (a) (b) Huntington Williams, M.D.

MAY 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to May 22 1942 and that I last saw her alive on May 21 1942.

Immediate cause of death: Hypertensive cardio-vascular disease

Duration: 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl Grossman M.D.

Address 212 N Patterson Pk Ave Date signed 5/23/42

VS 8

T.F 92454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a F 92454
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4840 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S. Rapollo St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christopher Klemm

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept, 18, 1882

8. AGE: Years	Months	Days	If less than one day
59	8	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Christopher Klemm
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Vaupel
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (month) (day) (year)
(c) Cemetery or crematory Dade Lawn
Location Baltimore, Md.

18 (a) Funeral director Durward L. Covington
(b) Address 21 W. 20th St.

19 (a) Date received by Registrar MAY 23 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21- 1942, at 3 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1942, to 5-21 1942 and that I last saw him alive on 5-21 1942.

	Duration
Immediate cause of death: Hemorrhage	7 hrs.
Due to: Esophageal varices	(a)
Due to: Cirrhosis of liver	(b)
Other Conditions	(c)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Huntington Jr. M. D.
Address Balt. City Hosp. Date signed 5-22-42

F 92455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 92455
Registered No.

Please write clearly and use ink. Make entries on all lines. If none, write NONE. If unknown, state so. Cause of death must be certified. Do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 HUDSON ST.
(c) Hospital or institution:

26-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 HUDSON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMILY R. HERFEL

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife GEORGE W. HERFEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 7 1856

8. AGE: Years	Months	Days	If less than one day
86	2	14	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JAMES STANTON
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARGARET HOPKINS
15. Birthplace BALTO. MD.

16 (a) Informant VICTOR HERFEL (SON)
(b) Address 3409 HUDSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 25/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeilenbach
(b) Address 403 S. HOLLIDAY ST.

19 (a) MAY 23 1942 Huntington Williams, M.D.
(Signature of Attendant)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 21 1942 .9 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to May 21 1942 and that I last saw her alive on May 21 1942

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Chr Nephritis	1-15-42
Due to Intracranial Failure	May 14/42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operations
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Eastern Avenue M.D.
Address 872 S Eastern Ave Date signed 5-23-42

VS 2

F 92456 !

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

F 92456
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME William J. Smith, Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-9195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife (nee Bradley) Helen J. Smith
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 5, 1899

8. AGE: Years	Months	Days	If less than one day
42	10	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Hardware Salesman
11. Industry or business Balto. Salvage Co.

FATHER
12. Name Wm. J. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Hubbard
15. Birthplace Md.

16 (a) Informant Helen M. Smith (Daughter)
(b) Address 1537 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Carnes Anundel Co., Md.

18 (a) Funeral director C. Howard Eirgan
(b) Address 1400-02 S. Charles St.

19 (a) Filed by [illegible] Washington Williams, M.D.
(b) Date received MAY 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1942 to 5/22 1942 and that I last saw h. alive on 5/22 1942

Immediate cause of death — Uremia — Duration 1 mo.
Due to Chr. nephritis — Duration ?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Harold A. Grott, M. D.
Address W.B.G.H. Date signed 5/29/42

92457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92457

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Alameda Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah C. West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Garretson West

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1st 1858

8. AGE: Years 83 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Gilbert
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Jennie Brooks
(b) Address 2724 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof May 23rd 1942 (month) (day) (year)
(c) Cemetery Mt. Olivet
Location Balto. Md.

18 (a) Name of funeral director Ralph A. Williams Co.
(b) Address 1417 St. Paul St

19 (a) MAY 23 1942
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1942, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to May 1942 and that I last saw h[illegible] alive on May 21 1942

Immediate cause of death
Myocardial Insufficiency
Due to age.
Due to
Other Conditions Blind Deaf Bed Ridden
(Include pregnancy within 3 months of death)

Duration: 3 mos over

Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. L. Zimmerman M.D.
Address 9858 Harford Rd Date signed 5/22/42

VS 2

92458
M (73751)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92458
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Linden Ave. (No Home) (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Peach Knight

3 (b) If veteran, name war: NA
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1864

8. AGE: Years	Months	Days	If less than one day
77	11	3 2	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Peach
13. Birthplace India

MOTHER
14. Maiden Name Selby Lowndes
15. Birthplace England

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory David Ridge
Location Pikesville Md

18 (a) Funeral director Ralph P. Dolby
(b) Address 127 St. Paul St

19 MAY 23 19[illegible] (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 11 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1942, to 5/21 1942, and that I last saw him alive on 5/21 1942.

Immediate cause of death — Duration
Cardiac Failure — 1 day
Due to Hypertension Cardio-Vascular Disease — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edgerton
Address Edgerton Co Hospital M. D.
Date signed 5/22/42

VS 8

92459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5405 Walther Blvd
(c) Hospital or institution?

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 5405 Walther Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary (Mammie) Sophie Taylor

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 41062

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel L Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 16 1873

8. AGE: Years 68 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Henry J Mahr
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Annie Dietz
15. Birthplace: Baltimore Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)

(c) Cemetery or crematory: Mt Olivet
Location: Baltimore Md

18 (a) Funeral director: Paul F Daly
(b) Address: 1211 E Fort Ave

19 MAY 23 1942 Huntington Williams M.D. (Date rec'd) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 22 1942 and that I last saw him alive on

Immediate cause of death: Myocardial Insufficiency — Duration: 2 days
Due to:
Due to:
Other Conditions: Hypertension Cardio Vascular Disease — 3 months
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward Roberts M. D.
Address: 6100 York Rd Date signed: 5/23/42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 92460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Stricker
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Putney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	C	

6 (b) Name of husband or wife Frank Putney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27- 1876

8. AGE: Years	Months	Days	If less than one day
65	5	24	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Martha
15. Birthplace Md

16 (a) Informant Geo. Ella Brown
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.
MAY 23 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 1.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 21 1942 and that I last saw her alive on May 21 1942

Immediate cause of death	Duration
Congestive Heart Failure	1 Month
Due to Hypertensive Cardiovascular Disease	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Ralph W. Becklenberg
Address Provident Hosp. Date signed 5/23/42

VE 8

E 92461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 92461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town [redacted] (If outside city or town limits, write RURAL and give town)
(d) Street No. Pittsburg Pa (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Barfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Furrier

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Samuel Barfeld
(b) Address #6326 Forward ave Pitts Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1942 (month) (day) (year)
(c) Cemetery or crematory Pittsburg Pa
Location Pa.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAY 23 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942 to May 22 1942, and that I last saw h[illegible] alive on May 21 1942.

Immediate cause of death: Coronary Embolism — Duration 2 hours
Due to: Hypertension
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Jacobs M. D.
Address 1735 N. Bentalou St Date signed 5/23/42

VS 3

E 92462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. E 92462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 John St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augustus Smith Duffey

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 149-09-6991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mae P. Duffey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-19-1869

8. AGE: Years	Months	Days	If less than one day
72	6	3	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Stockman.
11. Industry or business Soap Co.

FATHER
12. Name Edward Samuel Duffey
13. Birthplace Virginia

MOTHER
14. Maiden Name Amanda Smith
15. Birthplace Virginia

16 (a) Informant Miss Alice Duffey
(b) Address 1310 John St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-24-42 (month) (day) (year)
(c) Cemetery or crematory Sharon Cemetery
Location Middleburg-Va.

18 (a) Funeral director STEWART & MOWER COMPANY
(b) Address (E. F. Mower Suc.) 100 E. Lafayette Avenue

19 (a) MAY 23 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 - 1942 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3- 1942 to 5-22 1942 and that I last saw h/ alive on 5-22 1942.

Immediate cause of death: Ca of Prostate — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Hypernephroma? Ca of Prostate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight P. Brinkhauk III M. D.
Address Union Memorial Hosp. Date signed 5-23-42

VS 3

92463 218-75868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 92463

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or U.S. limits, write RURAL and give town)
(d) Street No. 618 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Rolme (Rome or Roney)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 51 ? | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 20 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County
18 (a) Funeral director Mrs. R. L. Elliott Broughton
(b) Address 1129 N. Carolines St
19 (Date) MAY 23 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1942, at 9A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1942, to 5-19 1942, and that I last saw her alive on 5-19 1942

Immediate cause of death: Intracranial Hemorrhage — Duration 25 days

Due to Hypertension C & D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Clayton, Jr. M. D.
Address Balt. City Hosp. Date signed 5-20-42

VS 3

+15824 F 92467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

F 92464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Record St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertie L. Kepler

3 (b) If veteran, name war ✓ | 3 (c) Social Security account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-89

8. AGE: Years	Months	Days	If less than one day
52	10	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Supt. Home for Age
11. Industry or business

FATHER
12. Name Carlton Zecher
13. Birthplace ?

MOTHER
14. Maiden Name Marjorie Dean
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 5/27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick, Md.

18 (a) Funeral director M. R. Eshman & Son
(b) Address Hagerstown, Md.

19 (a) MAY 25 1942 (b)
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to May 23 1942 and that I last saw h alive on May 23 1942

Immediate cause of death Cardiac failure — Duration

Due to Hypotension, hypertension & arteriosclerosis

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 5-23-42

Major findings of operation: Nodular toxic Thyroid

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Willard E. Stephen M.D.
Address Johns Hopkins Hosp. Date signed 5-23-42

M. D.

VS 3

F 92465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1180

F 92465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 E 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Holmes
3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Fred. C. Holmes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 2 1870

8. AGE: Years	Months	Days	If less than one day
72	2	20	hr. min.

9. Birthplace Nova Scotia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business At Home

FATHER
12. Name Angus MacDonald
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name McKinnon
15. Birthplace " "

16 (a) Informant Fred C. Holmes (Husband)
(b) Address Bradford Apts
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.
18 (a) Funeral director William [illegible] & Bailey
(b) Address 1217 St Paul St
19 (a) MAY 24 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-/22 19 42 at 8 22 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 19 42 to 5-22 19 42
and that I last saw h[illegible] alive on 5/22 19 42

Immediate cause of death: Cardiac Failure — Duration 1½ hrs
Resp. Failure
Due to: Pulmonary edema — 2 days
Due to: Inhalation of noxious fumes & smoke
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/21/42 4:00 P M
(c) Where did injury occur? [illegible] St. Md (City or town) (County) (State)
(d) Did injury occur [illegible] industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fire; Inhale. Smoke, gases &c.
23. Signature R. A. Clifford M. D.
Address Union Mem Hosp Date signed 5/24/42

Howard J. Madden M.D.

VS 3

F 92466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92466 Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 S. Bentalou St
(c) Hospital or institution:
S
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George N. Staff

3 (b) If veteran, name war —
3 (c) Social Security Account No. 219-01-8766

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nina May Knadler Staff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9th 1883

8. AGE: Years	Months	Days	If less than one day
58	5	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business W. P. A.

FATHER
12. Name Antoni Staff
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie M. Tucker
15. Birthplace Unknown

16 (a) Informant Nina May Staff
(b) Address 527 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cemetery
Location Glenburnie Md.

18 (a) Funeral director William Bork Inc.
(b) Address 1217 St. Paul St

MAY 24 1942 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23- 1942 at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by Inspection - Autopsy (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio - Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D. Medical Examiner.
Date signed 5-23-42

F 92467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 92467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr James E Shreeve

3 (b) If veteran, name war —
3 (c) Social Security Account No. 4128

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ida E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25. 1850

8. AGE: Years 91 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Westminster Md (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Levi Shreeve
13. Birthplace Md

MOTHER
14. Maiden Name Mary Grayammar
15. Birthplace Md

16 (a) Informant Old Mens Aged Home
(b) Address 1400 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month, day) (year)
(c) Cemetery Westminster
Location Md.

18 (a) Funeral director W L Gorsuch Bok Inc.
(b) Address 1217 St. Paul St

19 MAY 24 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942, at 3:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/ 19 33 to 5/23/42 19 , and that I last saw h im alive on 5/22/42 19 .

Immediate cause of death: Myocarditis, Chronic. — Duration: 7 yrs.

Due to

Due to

Other Conditions Generalised arterio-sclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B Jarrell.

Address 1115 St. Paul St., Date signed 5/25/42

F 92468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont Aves.
(c) Hospital or institution: Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 11 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 2043 E. North Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wittenberg

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 216-09-6859

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1881

8. AGE: Years	Months	Days	If less than one day
60	9	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Anton Wittenberg
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Roalpeck
15. Birthplace Germany

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St

MAY 24 1942 (Date rec'd by Local Registrar) Huntington Williams Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1942, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12-1942 to 5-22-1942 and that I last saw him alive on 5-22-1942

Immediate cause of death — Duration
Respiratory failure
Hydro Thorax R.
Due to Uremia
Due to Hypertensive Heart & Vascular

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Reyburn M.D.
Address Church Home & Inf. Date signed 5/22/42

F 92469

Andrew D Sank

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92469 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601-11½ W Webster
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601-11½ W Webster N
(If rural, give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew D Sank

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-14-5016

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Georgianna Sank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1878

8. AGE: Years 63 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (city or town and state)

10. Usual Occupation Retired 10 yrs

11. Industry or business

FATHER
12. Name James W. Sank
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rebecca Dimmitt
15. Birthplace Baltimore Md

16 (a) Informant James W Sank
(b) Address 1544 Boyle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (month, day, year)
(c) Cemetery or crematory Cedar Hill
Location A. E. Dr

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Bolton St

19 (a) (Date and filed by Registrar) (b) Registrar

MAY 24 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942, at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to May 23 1942; and that I last saw h[illegible] alive on May 23 1942.

Immediate cause of death: Cardiac Vascular Disease — Duration: 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney H Streett M. D.
Address 421 E Fort Ave Date signed 5/23/42

F 92470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-R Registered No.

F 92470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Annie B Blum

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Philip Blum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1876

8. AGE: Years	Months	Days	If less than one day
65	8	17	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Eldert
15. Birthplace Russia

16 (a) Informant Mrs. P. Blum
(b) Address 2502 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/42 (month) (day) (year)
(c) Cemetery or crematory Beth. Memorial
Location Balto. Md.

18 (a) Funeral director Harris Jonathan & Sons
(b) Address 902 Eastern Ave

19 MAY 24 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1942, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1924 to May 24, 1942 and that I last saw h[illegible] alive on May 23, 1942.

Immediate cause of death
Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis
Due to
Other Conditions Multiple Fibromyomata

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy, M.D.
Address 2302 Eastern Ave Date signed 5/24/42

F 92471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 92471

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 W. Mechanic St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 W. Mechanic St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma Florence Fields

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife Richard B. Fields

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 12 1849

8. AGE: Years 93 | Months — | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Joseph Lane
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Patton Morrison
15. Birthplace Md.

16 (a) Informant R. E. Fields
(b) Address 121 W. Mechanic St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Patrick Dietz
(b) Address 2324 E. Chase St.

19 (a) _____ (Date rec'd by registrar) Huntington Williams, Registrar
MAY 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1942 to May 22 1942 and that I last saw ~~him~~ alive on May 21 1942

Immediate cause of death
Senility
Due to
Due to Arteriosclerosis
Other Conditions —
(Include pregnancy within 3 months of death)

Duration
Yrs
Yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Gehry M.D.
Address 1717 Eutaw Date signed 5/25/42

F 92472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.15da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.15da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Chestertown (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 College Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AMOS JOHNSON

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	2	18		

9. Birthplace Chestertown, Maryland. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Amos Johnson
13. Birthplace Unknown

MOTHER
14. Maiden Name Fannie Black
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory
Location Chestertown, Md

18 (a) Funeral director Louis Henry
(b) Address Cambridge, Md.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1942, at 12:55 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1942, to May 22, 1942, and that I last saw him alive on May 22, 1942.

Immediate cause of death	Duration
Biliary fistula with localized peritonitis	6 days
Due to Carcinoma of stomach, post-operative	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4/27/42; 5/2/42
Major findings of operation: Exp. Lap; Resection of gastric tumor; Gastrectomy; Jejunostomy
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 5/23/42

F 92473 ✓ × F 92473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Tudor Mill Road (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME William Edmund Buppert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 1st 1867

8. AGE: Years 75 | Months 11 | Days 11 | If less than one day: ..... hr. ..... min.

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation Stone

11. Industry or business

FATHER 12. Name John Buppert
13. Birthplace Germany

MOTHER 14. Maiden Name Anna Maria Beer
15. Birthplace Germany

16 (a) Informant Geo L Buppert
(b) Address Lutherville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown Md

18 (a) Funeral director Jos Gwozdz
(b) Address 1003 N Dallas St

19 (a) Received MAY 24 1942 (b) Registered ..... Issued for Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/42 19 ..... at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940 to 5/23 1942 and that I last saw her alive on 5/22/42 19 .....

Immediate cause of death Cerebral Hemorrhage — Duration 2 yrs
Due to Hypertension — 1 yr
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature A. D. Whitehead M. D.
Address 7309 York Rd Date signed 5/23/42

F 92474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 92474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ENNIS

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1856

8. AGE: Years	Months	Days	If less than one day
86	-	7 6	hr. min.

9. Birthplace Westriver, A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William S. Ennis
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Bean
15. Birthplace Md.

16 (a) Informant Mrs Frances Hall
(b) Address 1021 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (month) (day) (year)
(c) Cemetery or crematory Chew's Chapel
Location West River A. A. Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 24 1942 Huntingtown Hillsboro, Md. Registrar

VS 8

MEDICAL CERTIFICATION

P

20. DATE OF DEATH May 22, 1942 19 at 5:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939 to May 18 1942 and that I last saw h[im] alive on May 18 1942

Immediate cause of death — Duration

Apoplexy

Due to Hypertension

Due to Cerebral Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [illegible] Woolford 2d Lieut. Med. Res.
Address Mary[illegible] Date signed 5-27-42

F 92475 BALTIMORE CITY HEALTH DEPARTMENT F 92475

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Lyons

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rose Lyons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1858

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Yisrik Lyons

13. Birthplace Russia

MOTHER 14. Maiden Name Lola —

15. Birthplace Russia

16 (a) Informant Mrs. Hyman Rosenbloom

(b) Address 1023 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-42 (month) (day) (year)

(c) Cemetery or crematory Washington Blvd.

Location

18 (a) Funeral director Jack Levine Inc.

(b) Address 1439 E. Baltimore St.

19 (a) 5-24-1942 (Date received by Registrar) (b) Registrar

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to May 21 1942 and that I last saw h. alive on May 21 1942

Immediate cause of death: Cardio-Renal Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration: 1 yr.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman Rosenbloom

Address 3128 W. North Ave. Date signed 5/23/42

F 92476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 92476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. Washington St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN SHAYTE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Dena Shayte

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk W.P.A.

11. Industry or business

FATHER 12. Name	Isaac
13. Birthplace	Russia
MOTHER 14. Maiden Name	Sarah
15. Birthplace	Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 5/24/42 (month) (day) (year)
(c) Cemetery Mikveh Israel
Location: Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

MAY 24 1942 (Date rec'd by Registrar) (b)

Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 3 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Tuberculosis Pulmonary chronic — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer Medical Examiner. M.D.

Date signed 5-24-42

F 92477 ✓ F 92477

BALTIMORE CITY HEALTH DEPARTMENT 93-D Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 N. Patterson Park Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 N. Patterson Pk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KOPEL KAPLAN

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fanny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	8	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Abraham Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-42 (month) (day) (year)
(c) Cemetery or crematory Ft. Pk. + Germania Mem. Pk.
Location Same

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAY 24 1942 (Date received by local registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May-24-1942, at 12:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April-1940. to May-24-1942. and that I last saw h[im] alive on May-24-1942.

Immediate cause of death	Duration
Acute Pulmonary edema	about 1 hr
Due to Coronary heart disease	5 yrs
Due to Cardio-vascular sclerosis	3 yrs
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Herman Seidel
Address 2404 Eastern Ave Date signed 5/24/42 M. D.

F 92478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137-a F 92478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 Dorchester Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Samuel E. Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie R. Levin
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Harry Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Rafah —
15. Birthplace Russia

16 (a) Informant Jennie R. Levin
(b) Address 3814 Dorchester Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wash. Blvd
Location

18 (a) Funeral director Jack Levindra
(b) Address 1439 E. Balto. St

19 (a) MAY 24 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942, at 3:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1942 to 5-22 1942 and that I last saw h[illegible] alive on 5-22 1942

Immediate cause of death Post operative hemorrhage + shock — Duration

Due to

Due to

Other Conditions Benign prostatic hypertrophy & adenocarcinoma

(Including pregnancy within 3 months of death)

Date of operation 5-14-42 1st stage 5-22-42 2nd stage

Major findings of operation:

Benign prostatic hypertrophy

Findings of autopsy: not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Brennan M.D.
Address WBH Date signed 5-24-42

F 92479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30-G

F 92479

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Linden Av St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Amelia J. Sheridan

If U.S. Veteran specify WAR

(a) Residence: No. 712 Linden Av St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John R. Sheridan

6. DATE OF BIRTH (month, day, year): Aug 30-1900

7. AGE: Years: 41 | Months: 8 | Days: 21 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): L

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Manns

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Martha Lewis

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Gladys E. Sheridan 712 Linden Av

18. BURIAL, CREMATION, OR REMOVAL: Pt Lo Cemetery Date 5/25/42

19. UNDERTAKER (Address): Chas Alexander 1200 N Eutaw St

20. FILED MAY 25 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 15 1942 to May 20 1942

I last saw her alive on May 20 1942 Death is said to have occurred on the date stated above, at 3:56 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	week
Acute nephritis	
Other contributory causes of importance: Exfoliation	
	L

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed Clinical Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, what?

(Signed) L. B. Hughes M.D.

(Address) 1413 E Lexington St

Reg 3520

Huiss

F 92480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 92480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Northern Pkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Northern Pkway (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Huiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1865

8. AGE: Years	Months	Days	If less than one day
77	[illegible]	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Greiser
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Frey
15. Birthplace Baltimore Md.

16 (a) Informant Louise Knopke
(b) Address 3811 Northern Pkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North ave Extended

18 (a) Funeral director Bernard A Fink
(b) Address 1800 N Broadway

19 (a) MAY 25 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 2:15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1939 to May 22 1942 and that I last saw h[illegible] alive on May 22 1942.

Immediate cause of death Hypertension & arteriosclerosis - Endocarditis
Due to Chronic Nephritis
Due to General Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael Crossfield
Address 5402 Belair Rd Date signed May 24 1942

VS 8

F 92181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 92181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 N Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N Ellwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

6-1

3 (a) FULL NAME Romeo Espey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mary A Espey
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec 29th 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	4	22		

9. Birthplace Howard Co Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John B Espey
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Elizabeth Espey
15. Birthplace Howard Co Md

16 (a) Informant Clarence R Espey
(b) Address 2605 Evergreen Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory MT Carmel
Location

18 (a) Funeral director Charles S Powell
(b) Address 2427 Eutaw Place

19 MAY 25 1942 Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/42 to 5/21/42, and that I last saw him alive on 5/21/42.

Immediate cause of death	Duration
Coronary Occlusion	8 wks
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions Anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. H. Harrington M. D.
Address 1710 E 33rd St Date signed 5/26/42

VS 3

F 92482
414660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 128

Registered No. F 92482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Light St. (If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Lee Harris (Birth F 39761)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1941

8. AGE: Years 6 | Months | Days 4 | If less than one day hr. min.

9. Birthplace Md. Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Harris
13. Birthplace N.C.

MOTHER
14. Maiden Name Gladys Willard
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location [illegible]

18 (a) Funeral director A. Leonard Evans
(b) Address 1400 Eutaw Pl.

19 (a) MAY 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to May 24 1942, and that I last saw him alive on May 24 1942.

Immediate cause of death Pneumonia

Duration: 2 mos.

Bronchopneumonia

Due to Fibrocystic disease of the pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibbe, M.D.
Address Johns Hopkins Hosp. Date signed 5/26/42

VS 3

F 92483

E.S. (53332)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 92483 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore, City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Aliceanna St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Dombrowski — Bronislaus Dombrowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-3935

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October ?, 1907

8. AGE: Years	Months	Days	If less than one day
34 ?	7		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Handyman (unemployed)

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Poland

MOTHER
14. Maiden Name Veronica Cutowski
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann st

19 MAY 25 1942 (Date received by Registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24-42 19 , at 9 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 5-24 1942, and that I last saw him alive on 5-24 1942

Immediate cause of death Pulmonary TB — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M.D.

Address Balt City Hosp Date signed 5-24-1942

VS 3

F 92484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V170-C

F 92484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Loney Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Machovec

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1935

8. AGE: Years	Months	Days	If less than one day
7	4	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation schoolboy

11. Industry or business St. Elizabeth's School

FATHER
12. Name Jerome Stanley Machovec.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address 311 Loney's Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St. Huntington Hospital

19 MAY 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1942 at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereof (Autopsy or Inquiry) and from the evidence obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
crushed chest

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Multiple lacerations, abrasions & bruised bruises

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 6/1
(b) Date of occurrence 5-22-42 at 7 P M
(c) Where did injury occur? East Rd, near Pluto Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto truck - Struck by Auto

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-23-42

VS 6

F 92485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 42-D

F 92485 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 N. Bradford St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Horak

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Albert Horak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Krubusek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant ~~XXXXX~~m Amelia Boeh
(b) Address 2640 Beyrl Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Monument St.

19 MAY 25 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1936, to May 22 1942, and that I last saw her alive on May 20 1942

Immediate cause of death: Chronic Valvular Heart Disease. — Duration: 6+ yrs.
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

Signature Vincent V. Toska M.D.
Address 845 N. Patterson Pk. Date signed 5/24/42

VS 8

F 92486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 92486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

B 5-1

3 (a) FULL NAME Edgar T. Paul

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Sue Childs Paul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1877

8. AGE: Years	Months	Days	If less than one day
64	9	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Teacher of Vocal- Organist
11. Industry or business

FATHER
12. Name Thomas K. Paul
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eliza J. Lawrenson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Sue C. Paul, wife
(b) Address 1617 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. H. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md.

19 MAY 25 1942 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1942 to 5/22 1942 and that I last saw h alive on 5/22 1942.

Immediate cause of death	Duration
Respiratory Fail	
Due to Lobar pneumonia (Pneumococcic)	5 days
Due to Hypertensive Cardio-Vascular Dis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Tompkins
Address St Joseph's Hospital Date signed 5/22/42

VS 8

F 92187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92187
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 E Grindall (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME William McSchiffler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-7249

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1882

8. AGE: Years	Months	Days	If less than one day
69	10		hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Box maker
11. Industry or business

FATHER
12. Name John Schiffler
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Katherine Klink
15. Birthplace Pennsylvania

16 (a) Informant Daughter
(b) Address 219 E Grindall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Longwood & Edmondson Ave

18 (a) Funeral director William M Mareck
(b) Address 713 Light St

MAY 25 1942 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942, at 9:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1942 to 5-22 1942 and that I last saw him alive on 5-22 1942

Immediate cause of death Meningitis — Duration 4 days

Due to Meningococcus

Due to

Other Conditions Hypertensive Cardio Vascular Disease (Including any pregnancy within three months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Jacobs M. D.
Address Sydenham Hosp Date signed 5-23-42

VS 3

F 92488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 92488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 Arsan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Arsan St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

54

3 (a) FULL NAME Edith A. Kelley

3 (b) If veteran, name war —

3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Weldon W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1872

8. AGE: Years	Months	Days	If less than one day
69	16	3	hr. min.

9. Birthplace Wyoming (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name John Steer
13. Birthplace Iowa

MOTHER
14. Maiden Name Rosalia Sherman
15. Birthplace Iowa

16 (a) Informant Mrs Weldon W Kelley
(b) Address 416 Arsan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William H Maresch
(b) Address 715 Light St

19 (a) MAY 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1942 at 7.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1922 to May 22 1942, and that I last saw h[illegible] alive on 5-22-1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to arteriosclerosis, hypertension

Due to

Other Conditions Coronary Heart Block 6 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Brown M. D.
Address 705 Medical Arts Bldg Date signed 5/25/42

VS 8

H16077
F 92489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
131-B Registered No. F 92489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Dallas (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Johnson

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-98

8. AGE: Years	Months	Days	If less than one day
43	11	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Stella Willie
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore Md.

18 (a) Funeral director Edw. A. Jackson
(b) Address 916 Druid Ave

19 (a) MAY 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to May 23 1942, and that I last saw h[illegible] alive on May 23 1942.

Immediate cause of death Uremia — Duration 5d

Due to Chronic glomerulo nephritis — ?

Due to

Other Conditions Broncho-pneumonia.

(Include pregnancy within 3 months of death)
Date of operation 1939
Major findings of operation: Gangrenous appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse M. Borden M. D.
Address Johns Hopkins Hosp. Date signed May 23-42

VS 8

F 92490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92490 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Walter Biggs

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-9614

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara A. Biggs

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1892

8. AGE: Years 50 | Months 2 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation Machinist Hand

11. Industry or business Koppers Co.

FATHER 12. Name John W. Biggs

13. Birthplace Ind.

MOTHER 14. Maiden Name Lena Schulte

15. Birthplace Ind.

16 (a) Informant Clara A. Biggs

(b) Address 2110 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1942 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Balto. County

18 (a) Funeral director George L. Schmidt

(b) Address 2101 Eastern Ave

MAY 25 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH May 23 1942 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 23 1942 and that I last saw h alive on May 23 1942

Immediate cause of death

Cerebral Hemorrhage — Duration 3 day

Due to Hypertension

Due to Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo A Cahn

Address 2145 W Balto St Date signed 5/25/42 M. D.

VS 8

F 92491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-a

F 92491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Waterview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2811 Waterview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael H. Robinson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-12-4977

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie M. Robinson

6 (c) If alive, give age: 43 years

7. Birth date of deceased (mos. day, yr.) July 27, 1892

8. AGE: Years 49 | Months 9 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William Robinson

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Sarahn Mahaney

15. Birthplace Howard Co. Md.

16 (a) Informant Elsie M. Robinson

(b) Address 2811 Waterview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-42. (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto.

18 (a) Funeral director Frederick A. Cole

(b) Address 1700 W Lombard St

19 (Date received by registrar) MAY 23 1942 Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1942, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to May 21 1942 and that I last saw him alive on May 21 1942

Immediate cause of death: Carcinoma of Oesophagus

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 yr.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury SCHOENFELD

23. Signature Paul Schoenfeld M. D.

Address 730 E Lombard St Date signed May 21 1942

F 92492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 92492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~give exact dates~~) 11 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 668 W Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HATTIE JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name unknown

13. Birthplace MD ?

MOTHER 14. Maiden Name unknown

15. Birthplace MD

16 (a) Informant Hattie Jones

(b) Address 668 W Fairmount Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-15-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.A. County

18 (a) Funeral director A Halstead Hill

(b) Address 9 E Lexington

19 MAY 25 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 13 1942 at 12 AM PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1942 to 5/13 1942 and that I last saw h~~e~~ alive on 5/13 1942

Immediate cause of death CONGESTIVE HEART FAILURE - GRADE IV — Duration

Due to HYPERTENSIVE ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Harrison Leas Jr. M.D.

Address University Hospital Date signed 5/13/42

VS 3

F 92493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No.

F 92493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 551 W. Hoffman St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN KNOWLIN ALIAS NORTHING

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife: Ross Knowlin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1914

8. AGE Years	Months	Days	If less than one day
28 2y			hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Allen
13. Birthplace: Md.

MOTHER
14. Maiden Name: Josephine ?
15. Birthplace

16 (a) Informant: Ross Knowlin
(b) Address: 551 W. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvery Cem.
Location: A. A. Co. Md.

18 (a) Funeral director: Mrs Frances A. Hemsley
(b) Address: 578 W. Biddle St.

MAY 25 1942 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1942, at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Bullet wound of chest, Exhaustion — Duration

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation: 5-24-42
Major findings of operation: No abnormal
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: 5-22-42 at 12:25 M
(c) Where did injury occur? 1913 Madison Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Revolver - argument
23. Signature: H. L. Wollenweber M.D. Medical Examiner
Date signed: 5-24-42

VS 6

F 92494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127-B

F 92494 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 Abell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 Abell Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR LARKIN SHIPLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	married

6 (b) Name of husband or wife Edna Roberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1875

8. AGE: Years	Months	Days	If less than one day
66	11	3	hr. min.

9. Birthplace Harmans, A. A. Co., Md. (Town, county, and state)
10. Usual Occupation Retired Owner
11. Industry or business Wholesale Comm. Merchant

FATHER
12. Name Larkin R. Shipley
13. Birthplace Harmans, A. A. Co., Md.

MOTHER
14. Maiden Name Isabelle Wesley
15. Birthplace A. A. Co., Md.

16 (a) Informant Mrs. E. L. Shipley, wife
(b) Address 3030 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Friendship, A. A. Co Md.
Location

18 (a) Funeral director Wm. J. TICKNER & SONS.
(b) Address North & Pa. Aves.

19 (a) MAY 25 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, (23) 19 42, 11:30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940 to May 23 1942 and that I last saw alive on May 22 1942 (May 22)

Immediate cause of death Bronchopneumonia

Due to carcinoma of liver with splenomegaly

Due to and ascites.

Other Conditions several years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: one

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Lockard M. D.
Address May 25, 1942 Date signed

VS 8

cm 3573

F 92495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-N Registered No. F 92495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Carlton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernice Junstall (Birth F. 36368)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-1-41

8. AGE: Years	Months	Days	If less than one day
	7	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Junstall
13. Birthplace Balto Md

MOTHER
14. Maiden Name Bernice Albright
15. Birthplace Balto Md

16 (a) Informant Bernice Albright
(b) Address 30 Carlton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Bamford
(b) Address 108 W Mulberry St

19 (a) MAY 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-1942 at 6:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained by said Inspection & Autopsy did that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Gastro-enteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Waldron M.D. Medical Examiner.
Date signed 5-23-42

VS 6

F 92496 i

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 92496 1

Registered No. 99607

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Geo
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Jesse A. Remington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elsie Crew

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 22 1880

8. AGE: Years	Months	Days	(If less than one day) hr.	min.
62	2	2		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation B.+O.R.R. Co

11. Industry or business

FATHER
12. Name Jessie A. Remington
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Haggan
15. Birthplace Maryland

16 (a) Informant Mrs. Elsie C. Remington
(b) Address Laurel Md May 27-42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Lloyd Parsons
(b) Address Washington + Williams Mgr

19 MAY 25 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to May 24 1942, and that I last saw h[illegible] alive on May 24 1942

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions Arteriosclerosis Cardiovascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gilbert Rooney M.D.
Address St. Agnes Hosp Date signed May 25 1942

VS 3

F 92497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-A

Registered No. F 92497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Hazelwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Clarkson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Hattie Kroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1890

8. AGE: Years	Months	Days	If less than one day
52	1		hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Charles Clarkson
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hattie Clarkson
(b) Address 9 Hazelwood Ave. Raspburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26th 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John P Connelly
(b) Address 418 Eastern Ave.

19 (a) (Date received by Registrar) (b) MAY 25 1942 Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to May 23 1942, and that I last saw him alive on May 23 1942.

	Duration
Immediate cause of death Pulmonary Edema	
Due to Coronary occlusion	1 day
Due to	
Other Conditions 4 gastric ulcers	?
Purulent Pericarditis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: —
of autopsy: Cor. occlusion, Pul. Edema, Gastric ulcers

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H P Fuller M. D.
Address Sinai Hospital Date signed 5/23/42

92498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-N

F 92498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Parrott (Birth F 49388)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-42

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business None

FATHER
12. Name James Robert Parrott
13. Birthplace Columbus, S.C.

MOTHER
14. Maiden Name Bessie Hatton
15. Birthplace Eastern Shore, Va

16 (a) Informant Bessie Parrott
(b) Address 605 N. Carey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 25 1942
Commissioner of Health

18 (a) Funeral director
(b) MAY 25 1942 Per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1942, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942, to May 17 1942, and that I last saw h~~e~~ alive on May 17 1942.

Immediate cause of death: Congenital atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature ~~H~~ R. L. Jackson, Asst. M. D.
Address Provident Hosp. Date signed 5-17-42

VS 3

F 92499

L.S. (72817)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 92499

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1 Green Willow St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angleine Armstead WESSINGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Charlie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	16	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laundrers

11. Industry or business

FATHER
12. Name William Harris
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Holmsby
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2222 N Longwood St.

19 (a) MAY 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942 at 9.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1942 to 5-22 1942 and that I last saw h alive on 5-22 1942

Immediate cause of death

Duration

Carcinoma of Body of Uterus — 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-28-42

Major findings of operation: Carcinoma of uterus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Donald B Kelly M. D.

Address Balt City Hosp Date signed 5-24-42

VS 3

F 92500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119 aF 92500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 415 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Thomas (Booth F 49337)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24-42

8. AGE: Years 0 | Months 1 0 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Alfred Thomas
13. Birthplace Prince Williams Co. Va

MOTHER 14. Maiden Name Helen Langston
15. Birthplace Washington D. C.

16 (a) Informant Helen Langston
(b) Address 415 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) MAY 25 1942 Schroeder

19 (a) MAY 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to May 23 1942 and that I last saw him alive on May 23 1942

Immediate cause of death: (a) Aspiration of Vomitus
(b) Decubitus Surface
Due to
Other Conditions Prematurity
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Lawrence Hill M.D.
Address Jarrettsville, Md. Date signed 5-26-42

VS 3

1942

NEWS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92501

CERTIFICATE OF DEATH

131-6 F 92501

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3115 Cliftmont Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Marie Mews

(a) Residence: No. 3115 Cliftmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul J. Mews

6. DATE OF BIRTH (month, day, year) March 12, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) March 1942

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Coan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maria Hoban

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mr. Paul J Mews 3115 Cliftmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. 5/27/ 19 42

19. UNDERTAKER (Address) John A Moran 3000 E Baltimore St.

MAY 25 1942 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from ... 19 38 to May 19 42

I last saw deceased alive on May 23 1942 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	before 1938
Hypertension	"
Chronic myocarditis	1940

Other contributory causes of importance

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John Moran M. D.

(Address) 3105 Brehan Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 92502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

F 92502 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Presstmore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Jears

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Presstmore (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

167

3 (a) FULL NAME Mary Alice Thompson

3 (b) If veteran, name war: –
3 (c) Social Security Account No.: –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Thomas A Thompson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 31 - 1866

8. AGE: Years	Months	Days	If less than one day
76	1	24-25	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name Unknown
13. Birthplace – –

MOTHER
14. Maiden Name Unknown
15. Birthplace – –

16 (a) Informant Bessie L Petty
(b) Address 3006 Presstmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director B. L. Hopkins
(b) Address Annapolis - Md St.

MAY 25 1942 Huntington Williamsville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 9.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1941 to May 24 1942 and that I last saw h[illegible] alive on May 23 1942

Immediate cause of death	Duration
Carcinoma of head of Pancreas	✓
Due to	
Due to	
Other Conditions Metastasis Cachexia	✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Julian A. Thalheimer
Address 1219 Eaplan Grove Date signed May 25/42

VS 8

F 92503 | BALTIMORE CITY HEALTH DEPARTMENT | F 92503 |

CERTIFICATE OF DEATH

107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5518 Mattfeldt Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 5518 Mattfeldt Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Annie L. Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Henry D. Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 25-1854
8. AGE: Years 87 | Months 5 | Days 29 | If less than one day hr. min.
9. Birthplace Maryland Line, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Bond
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Sampson
15. Birthplace Maryland

16 (a) Informant Miss M. Grace Williams
(b) Address 5518 Mattfeldt Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Fireland's, Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (Date rec'd by registrar) MAY 25 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24- 1942 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 24 1942 and that I last saw h alive on May 24 1942

Immediate cause of death Broncho-Pneumonia — Duration 12 days
Due to Exhaustion from age
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 2601 Montebello Ave Date signed 5/25/42

VS 2

F 92504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-B Registered No. F 92504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madisonst Linden
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY E. MATHIAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 716-01-8548

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Edith L. Mathias
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-84

8. AGE: Years	Months	Days	If less than one day
58	—	6	hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Pa. R.R.

FATHER 12. Name Cornelius Mathias
13. Birthplace Md.

MOTHER 14. Maiden Name Maria Sheets
15. Birthplace Md.

16 (a) Informant Edith Mathias
(b) Address 3304 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 2421 Falls Road

19 MAY 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1942 at 4.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1942 to 5-23 1942 and that I last saw him alive on 5-23 1942

Immediate cause of death Toxemia — Duration 5/12 (?)

Due to Mixed infection of perineum & abdominal wall. — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Infection of abdominal wall & perineum 5/17/42
Of autopsy home made.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas O. Lively M. D.
Address Md. Gen. Hosp. Date signed 5/23/42

VS 8

11 or 11 30

F 92505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92505 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Guild Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha M. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Phillips M. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1858

8. AGE: Years	Months	Days	If less than one day
83	9		hr. min.

9. Birthplace Frederick County Md (Town, county, and state)
10. Usual Occupation housewife.
11. Industry or business

FATHER
12. Name Owen Crampton
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Sidney Hall
(b) Address 1319 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Spesutia
Location Perryman, Md.

18 (a) Funeral director John J. Mitchell & Sons
(b) Address 420 Eutaw Place Huntington Williams, Mgr.

19 MAY 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 5 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.

Date signed May 25 1942

VS 6

F 92506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No.

F 92506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY G. RODGERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Wm. B. Rodgers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1861

8. AGE: Years	Months	Days	If less than one day
80	9	28	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Theodore Upton
13. Birthplace Md.

MOTHER
14. Maiden Name Emaline Burnette
15. Birthplace Md.

16 (a) Informant Mr. Wilbur Rodgers
(b) Address 900 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 26 - 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave.

18 (a) Funeral director I. Fen. McCully
(b) Address 130 S. Fort Ave.

19 (a) MAY 25 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to May 23 1942 and that I last saw h[illegible] alive on May 20 1942

Immediate cause of death: Arteriosclerosis Heart Failure — Duration: Last 1 yr.

Due to Cerebral Apoplexy — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specific type of place)
(e) Means of injury

23. Signature H. Rodgers
Address 900 N. Bentalou St. Date signed 5/26/42

F 92507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 92507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 East 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 East 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Ann Barlow

3 (b) If veteran, name war —

3 (c) Social Security Account No. 1046.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife John Barlow
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1846.

8. AGE: Years	Months	Days	If less than one day
94	6	-	- hr. - min.

9. Birthplace Barnesville, Ohio. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Barlow
13. Birthplace England

MOTHER
14. Maiden Name Smith
15. Birthplace Ohio

16 (a) Informant Mrs Ethel Lefferd
(b) Address 3519 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location

18 (a) Funeral director J. Leister Steele & Son
(b) Address 501 E. 32nd St.

19 (a) [illegible] (b) Huntington Willis

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/ 1942, 3:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 21 1942, to MAY 23 1942, and that I last saw h.E alive on MAY 23 1942.

Immediate cause of death Apoplexy. — Duration 24 hrs.

Due to Arteriosclerosis — 20 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davis, M. D.
Address 700 W 33rd St Date signed 5-25-42

92508 |

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 92508
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 E. Madison st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 E. Madison st (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Machacek

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles Machacek
6 (c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.): Not Known 1865
8. AGE: Years 76 | Months — | Days — | If less than one day: hr. min.
9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Joseph Matousek
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Bohemia

16 (a) Informant: Charles Machacek
(b) Address: 2222 E. Madison st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore
18 (a) Funeral director: Struck Brock & Son
(b) Address: 900 N. Chester st
19 (a) MAY 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to May 23 1942, and that I last saw her alive on May 23 1942.

Immediate cause of death: Cerebral arteriosclerosis — Duration: ?
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Joseph Pokorny
Address: 2201 E Madison St Date signed: 5/25/42 M. D.

VS 3

F 92509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 92509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gaylor Lightner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/5/01 1904

8. AGE:	Years	Months	Days	If less than one day
41	38			hr. min.

9. Birthplace Pittsburgh Pa.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Edward E. Lightner
13. Birthplace McKeesport, Pa.

MOTHER
14. Maiden Name Sarah E. Rodgers
15. Birthplace Groton, Ohio

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-42 (month) (day) (year)

(c) Cemetery or crematory
Location Pittsburgh Pa

18 (a) Funeral director John C. Miller Jr.
(b) Address 2435 E. Oliver St.

19 MAY 26 1942 (b) Huntington Williams, M.D.
(Registrar's signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 2 39 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Lobar pneumonia, right
Due to Lower lobe

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Le Gratiea M.D.
Medical Examiner.
Date signed May 26 1942

MORGUE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-a

Registered No. F 92510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 S. Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 S. Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Ward Frazier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Janitress School

11. Industry or business # 124

FATHER
12. Name Armistead Ward
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Bishop
15. Birthplace Md

16 (a) Informant Elizabeth Ward
(b) Address 920 S. Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A Stayton
(b) Address 142 N Stricker St

19 (Signature of local registrar) MAY 26 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 42 at 5-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1942 to May 25 19 42 and that I last saw h[illegible] alive on May 25 19 42

Immediate cause of death Acute myocarditis — Duration 2 Wks

Due to unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Gaines M. D.
Address 665 W. Baltimore St Date signed 5/27/42

VS 1

F 92511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92511 Registered No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Shield Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florina Nickens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	M

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1919

8. AGE: Years	Months	Days	If less than one day
23	2		hr. min.

9. Birthplace Roanoke Virginia (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Lonnie Huey

13. Birthplace Texas

MOTHER 14. Maiden Name Frances

15. Birthplace Va.

16 (a) Informant Frank Nickens

(b) Address 1313 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 (month) (day)

(c) Cemetery or Crematory Mt. Cemetery.

Location Mt. Cemetery Baltimore Md

18 (a) Funeral director Robertson Mayfield

(b) Address 9 E. Saint Paul Ave

19 MAY 26 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 2 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 24 1942 at M
(c) Where did injury occur? 1312 Upton St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House (Specify type of place) While at work? No
(e) Means of injury Stabbed - Pen Knife

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 25 1942

F 92512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Alice Cooney

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~: Robert Cooney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20th 1877

8. AGE: Years	Months	Days	If less than one day
64	10	5	hr. min.

9. Birthplace: Virginia (town, county, and state)
10. Usual Occupation: housework
11. Industry or business: At Home

FATHER
12. Name: Willis N. Woody
13. Birthplace: Va.

MOTHER
14. Maiden Name: Francis Wood
15. Birthplace: Unknown

16 (a) Informant: Robert Wood
(b) Address: 420 W. 34 St. Wilmington Del.

17 (a) Cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof 5/26/42 (month) (day) (year)
(c) ~~Cemetery or~~ crematory: Greenmount
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 MAY 26 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25-42 1942 at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1942 to 5-25 1942 and that I last saw her alive on 5-25 1942

Immediate cause of death: coronary occlusion

Due to: general arteriosclerosis hypertensive C.V. disease

Due to:

Other Conditions: diabetes mellitus ulceration & osteomyelitis of foot

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert S. Ross M.D.
Address: Sinai Hospital Date signed 5-26-42

VS 3

F 92513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 92513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4670 Kearnwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4670 Kearnwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Hohemeyer

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ George F. Hohemeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18th 1889

8. AGE: Years	Months	Days	If less than one day
52	8	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Gertz
13. Birthplace Germany

MOTHER
14. Maiden Name Kuhnsman
15. Birthplace "

16 (a) Informant George F. Hohemeyer
(b) Address 4670 Kearnwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

MAY 26 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941, to May 22 1942, and that I last saw him alive on May 22 1942.

Immediate cause of death Cardio Vascular Disease — Duration

Due to Hypertension

Due to Mitral Stenosis

Due to Hypertrophy of the Heart

Other Conditions Dropsy.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 5-25-42

VS 3

F 92514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-N

Registered No.

F 92514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 E Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 E Madison
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J Pfaff

3 (b) If veteran, name war —

3 (c) Social Security Account No. Has Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary L Pfaff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1866

8. AGE: Years	Months	Days	If less than one day
75	4	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Construction Supt
11. Industry or business Retired

FATHER
12. Name Adolph Pfaff
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Mueller
15. Birthplace Germany

16 (a) Informant Geo E Pfaff
(b) Address 5116 Purlington Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director John Ulrich
(b) Address 2116 Orleans

19 (a) MAY 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 6 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to May 24 1942 and that I last saw him alive on May 24 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 9 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. T. Grady M. D.
Address 5106 Harford Rd Date signed 5-25-42

VS 8

F 92515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92515

Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N Curley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Wilkinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Alexander Wilkinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 1868

8. AGE: Years	Months	Days	If less than one day
74	3	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Henry Heim
13. Birthplace Baltimore

MOTHER
14. Maiden Name Luckhart
15. Birthplace Germany

16 (a) Informant Calvin Wilkinson
(b) Address 423 N Curley St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 27/42 (months) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

MAY 26 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1942 to May 24 1942 and that I last saw h[illegible] alive on May 10 1942

Immediate cause of death
Coronary occlusion — Duration Stat.
arterio-vascular - renal disease — 5 yrs
Due to arterio - sclerosis — 5 yrs
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Krumeen M. D.
Address 722 N. Kenwood Ave Date signed May 25 42

F 92516 | BALTIMORE CITY HEALTH DEPARTMENT | F 92516

CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Foster Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Emre

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Samuel Emre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 24-1864

8. AGE: Years 78 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name John Biss
13. Birthplace Austria

MOTHER
14. Maiden Name Dora Kenor
15. Birthplace Austria

16 (a) Informant Mrs Julia Winterson
(b) Address 4925 East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Balto Co
Location

18 (a) Funeral director John Welsh
(b) Address 2008 Orleans St

19 MAY 26 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 5 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1941, to May 24 1942 and that I last saw her alive on May 24 1942.

Immediate cause of death
Diabetes mellitus
Arteriosclerotic C.V. disease
Due to Myocardial failure

Duration
11-15-41
5-20-42

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw Schimmel M. D.
Address 872 S Ellwood Ave Date signed 5-25-42

VS 2

F 92517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 92517 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3345 W. Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3345 W. Belvedere Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Hackerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank Hackerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67	61		hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Hirldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah -
15. Birthplace Russia

16 (a) Informant Frank Hackerman
(b) Address 3345 W. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-42 (month) (day) (year)
(c) Cemetery or crematory Bonnie Cradle
Location Bowleys Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) MAY 26 1942 (b) Huddington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25-42 19 at 3:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to May 25 1942, and that I last saw her alive on May 24 1942

Immediate cause of death Cerebral Hemmorrhage — Duration May 25 1942

Due to Hypertension Cardiovascular Disease — 1941

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton E. Lowman M. D.
Address 5013 Park Heights Ave Date signed 5-25-42

VS 3

F 92518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

F 92518

I.S. (72996)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 22
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 946 West Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Henry Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1912

8. AGE: Years	Months	Days	If less than one day
29	10 11	15 16	hr. min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Laundry

11. Industry or business

FATHER
12. Name Marion Graham
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Roberts
15. Birthplace Georgia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mr. Kate R. Williams
(b) Address 322 N. Schroeder St.

19 MAY 26 1942 (Date rec'd by registrar) (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1942 at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 5-23 1942.
and that I last saw her alive on 5-23 1942.

Immediate cause of death

Carcinoma of Rectum — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Stott, M.D.
Address Balto City Hosp. Date signed 5-24-42

VS 3

F 92519

E.S. (74133)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 92519

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Mae Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1909

8. AGE: Years	Months	Days	If less than one day hr.	min.
33	4	23		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Horace Ringold
13. Birthplace Maryland

MOTHER
14. Maiden Name Evelyn Robinson
15. Birthplace Maryland

16 (a) Informant William Johnson
(b) Address 1528 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Mrs. Lee A. Holland
(b) Address 1631 Pennsylvania Ave Huntington Williams, Md.

19 MAY 26 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1942 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1942 to 5-24 1942 and that I last saw her alive on 5-24 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 mo?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hett

Address Balto City Hosp Date signed 5-27-42

VS 3

F 92520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Longwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Longwood Street (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN DASHIELDS ROLLINS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Clarence L. Rollins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1871

8. AGE: Years	Months	Days	If less than one day
70	4	25	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Fabius W. Hicks
13. Birthplace Spotsylvania, Va.

MOTHER
14. Maiden Name Eliza Bosher
15. Birthplace Virginia

16 (a) Informant Mr. Beale Rollins, son
(b) Address 629 Title Bldg.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

MAY 26 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1942, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to May 23 1942 and that I last saw h[illegible] alive on May 23 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 1 month
Due to generalized arteriosclerosis with hypertension — Duration several years
Due to arteriosclerotic type of heart disease. — Duration years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. Michel M. D.
Address 2901 Edmondson Date signed May 26 42

F 92521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a Registered No. F 92521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Monument Sts.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Langmead – Helen

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Eli

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 11, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name Charles Henry Rowe
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Catherine Eliz. Lambert
15. Birthplace Frederick, Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive, Frederick
Location Frederick, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) MAY 26 1942 Huntington Williams, M.D.
Date received by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942, at 8.58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942, to May 23 1942, and that I last saw him alive on May 23 1942.

Immediate cause of death	Duration
Chronic myeloid Leukemia	3 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J.H.H. Date signed

F 92522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No.

F 92522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3029 Presstman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3029 Presstman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT R. HIGGINS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bertha Higgins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Engineer - retired
11. Industry or business Fire Department

FATHER
12. Name James Higgins
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Bertha Higgins
(b) Address 3029 Presstman St.

17 (a) burial (b) Date thereof 5/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 MAY 26 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11th 1942 to May 24th 1942 and that I last saw him alive on May 22nd 1942

Immediate cause of death	Duration
Arteriosclerosis	
Due to generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. Bayley M. D.
Address 3048 W. North Ave. Date signed 5/26/42

F 92523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-

F 92523 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Residence (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Toomey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Canada (Town, county, and State)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Unknown.

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Unknown

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1942 (Month) (Day) (Year)

(c) Cemetery or crematory St Mary's

Location Edmondson Road

18 (a) Funeral director Woodall Flagg Funeral Home

(b) 3 [illegible] Baltimore

19 (a) MAY 26 1942 (Date rec'd by registrar) (Signature of registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Acute pulmonary edema — Duration

Due to Cardiac hypertrophy and dilatation

Due to Mitral stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed May 25 1942

VS 6

THE MORTUARY ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The [illegible] important. Physicians: please write the causes of death clearly and legibly.

F 92524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 92524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEMUEL WOODSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2830

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Sallie Woodson
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1881 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Amelia Co., Va. (Town, county, and state)
10. Usual Occupation Concrete finisher
11. Industry or business

FATHER
12. Name Woodson
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Sallie Woodson
(b) Address 1711 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Sandy Spring, Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St

19 MAY 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 12:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Ho	

(Include pregnancy within 3 months of death)
Date of operation Ho
Major findings of operation:
of autopsy: Ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. J. Wollenweber M.D.
Medical Examiner.
Date signed 5-24-42

VS 6

F 92525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92525

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Provident Hospt

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Rural, Brooklyn (If outside city or town limits, write RURAL and give town)

(d) Street No. Box 135 R.F.D. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Benton Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	M.

6 (b) Name of husband or wife Louise Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26. 1894

8. AGE: Years	Months	Days	If less than one day
47	7	27	hr. min.

9. Birthplace Annamelle Co. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Taylor

13. Birthplace Md.

MOTHER 14. Maiden Name Priscilla Jackson

15. Birthplace Annamelle Md

16 (a) Informant Louise Taylor

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1020 Rhode Island Ave

19 MAY 26 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to May 25 1942, and that I last saw h[illegible] alive on May 22 1942

Immediate cause of death Cerebral Hemorrhage — Duration not stated

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles J. Waddell M. D.

Address 961 Hanlon Date signed 5/25/42

VS 8

F 92526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 92526
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Orlando Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Auguste Beste
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie C. Jordan
6 (c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): July 28, 1865
8. AGE: Years: 76 Months: 9 Days: 26 If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business

FATHER
12. Name: Herman Beste
13. Birthplace: Germany

MOTHER
14. Maiden Name: not known
15. Birthplace: Germany

16 (a) Informant: Mrs. Annie C. Beste
(b) Address: 3010 Orlando Ave.

17 (a) Butial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Ave

18 (a) Funeral director: Clarence F. Hoffman
(b) Address: 1639 N. Broadway.

MAY 26 1942 (Date rec'd by registrar)
(b) Huntington Williams, Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1942 at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 41 1940 to 5/27 1942 and that I last saw him alive on 4/23/42

Immediate cause of death — Duration

Coronary Occlusion (Medical) occlusion (Sudden)

Due to

Due to Cardiac Vascular disease 15

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Wheaton M. D.
Address 4309 The Ry Date signed 5/28/42

F 92527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92527

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3424 Wilkens Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3434 Wilkens Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Kraus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Widowed

6 (b) Name of husband or wife Kraus Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
81	10	17		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Kraus

13. Birthplace Unknown

MOTHER 14. Maiden Name ?

15. Birthplace "

16 (a) Informant Geo. W. Stapf

(b) Address 3133 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Little

(b) Address 4101 Edmondson Ave

19 (a) MAY 26 1942 (Date received by Registrar) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23/42 19 . at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to May 23 1942 and that I last saw h alive on May 23 1942

Immediate cause of death

Coronary occlusion — Duration 2 days

Due to Cardiac insufficiency — Duration ?

Due to Senility — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. W. Stapf M. D.

Address 3710 Mus Blvd Date signed 5-25-42

VS 3

F 92528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92528 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 Claremont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 Claremont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2658

3 (a) FULL NAME Harry D. Crawford

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sallie V. Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1867

8. AGE: Years	Months	Days	If less than one day
74	11	15	hr. min

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Richard I. Crawford
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Dodson
15. Birthplace Baltimore Md.

16 (a) Informant Sallie V. Crawford (Wife)
(b) Address 3720 Claremont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location 7225 Eastern Ave

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) MAY 26 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2. 1939. to May 25 1942. and that I last saw h[illegible] alive on May 24, 1942.

Immediate cause of death

Due to, Arteriosclerotic Heart Disease, Chronic Myocarditis with Degeneration — Duration: Uncertain 3 yrs

Due to Age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Garbert
Address 630 S. Conkling St. Date signed 5/25/42 M.D.

F 92529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 92529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Belona Ave

(c) Hospital or institution: EDGEWOOD NURSING HOME

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1417 N. Milton Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Rose A. Farace

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife late Vincenzo Farace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28 1877

8. AGE: Years	Months	Days	If less than one day
64	8	27	hr. min.

9. Birthplace Cefalu' Italy (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business home

FATHER

12. Name Rito Scalco

13. Birthplace Italy

MOTHER

14. Maiden Name Josephine Marino

15. Birthplace Italy

16 (a) Informant Josephine Montague

(b) Address 1417 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 1300 Morley St.

19 MAY 30 1942 Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/42 19 . at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to May 28 1942, and that I last saw her alive on May 28 1942.

Immediate cause of death

Chronic Myocarditis

Due to

Parkinson's Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration
10 yrs
11 yrs

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. W. Wheeler M. D.

Address 4305 Harford Rd Date signed 5/28/42

92530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-2

F 92530

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cukeland & Rayner

(c) Hospital or institution: Mat Baltimore Gen'l Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3702 Clifton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jack Carlton Ballard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Guy Carlton Ballard Jr

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Dorothy Scott

15. Birthplace Annaheim Cal.

16 (a) Informant hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Williams & Dukmer - Sond

(b) Address Park & Monument Aves

19 (Date rec'd by registrar) MAY 26 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1942 to 5/25 1942 and that I last saw h alive on 5/25 1942.

Immediate cause of death Cerebral Hemorrhage

Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joshua W. Perman M.D.

Address W&G-H. Date signed 5/25/42 M.D.

92531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92531

Registered No. 3498

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 538 Robert St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 538 Robert St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Howard E. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1871

8. AGE: Years	Months	Days	If less than one day
70	4	23	hr. min.

9. Birthplace Annandale Co Md (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business unknown

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Theodore B. Brown

(b) Address 538 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn Md

18 (a) Funeral director Jacob T. J. Gibson

(b) Address 1735 Druid Hill Ave

19 MAY 26 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5—23 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5—14—1932. to 5—23 1942 and that I last saw alive on 5—22 1942.

Immediate cause of death Myocarditis — Duration unknown

Due to

Due to

Other Conditions unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank A Saunders M. D.

Address 1029 N. Stricker St. Date signed 5-25-42

VS 3

F 92532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 92532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Loyola Southway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Rosenthal #2 (Birth # 44 106)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1942

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lewis Rosenthal
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Marian Kravitz
15. Birthplace Baltimore, Md

16 (a) Informant Marian Rosenthal
(b) Address 2615 Loyola Southway

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 26 1942

18 (a) Funeral director Commissioner of Health
(b) Address MAY 26 1942 Per H. L. Moore

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942 at 2:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to May 18 1942 and that I last saw h[illegible] alive on May 18 1942

Immediate cause of death

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M L Katzenstein M. D.
Address Sinai Hospital Date signed 5/20

VS 3

9119

F 92533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 92533 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Loyola Southway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Rosenthal #1 (Birth F 49765)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1942

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lewis Rosenthal
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marian Kravitz
15. Birthplace Baltimore, Md

16 (a) Informant Marian Rosenthal
(b) Address 2615 Loyola Southway

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 26 1942

18 (a) Funeral director Commissioner of Health
(b) Address Per H. L. Moore

19 (Date rec'd by registrar) MAY 26 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 2 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942, to May 18 1942, and that I last saw him alive on May 18 1942.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M L Rosenau M. D.
Address Sinai Hospital Date signed 5/20

VS 2

(120)

F 92534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 92534

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 401 Parrish Street

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 401 Parrish Street

(If rural give location)

(e) Citizen of foreign country? 40 yrs (Yes or No)

If yes, name country

3 (a) FULL NAME Abraham Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 [illegible]

8. AGE: Years	Months	Days	If less than one day
59	-	6	hr. min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation Palm

11. Industry or business

FATHER 12. Name Edward Bowen

13. Birthplace Calvert County Md

MOTHER 14. Maiden Name Annie Smith

15. Birthplace Va

16 (a) Informant Katie Smith

(b) Address 615 Dolphin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2) 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Baltimore Md

18 (a) Funeral director Josiah L Brown Son

(b) Address 1018 W monty ommy St

MAY 26 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 42 at 4 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 19 42 to May 24 19 42 and that I last saw h[illegible] alive on May 24 19 42.

Immediate cause of death Lobar Pneumonia

Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ralph W. Reckling

Address Provident Hosp. Date signed 5/25/42 M.D.

VS 3

92535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 92535 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hospital
622 Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy Gray (Birth F-49761)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 24, 1942

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 7 hr. 5 min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Edward Gray
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Grace Washington
15. Birthplace Balto. Md.

16 (a) Informant Grace Washington Gray
(b) Address 622 Eden St. City.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 26 1942
Commissioner of Health

18 (a) Funeral director ____
(Address) MAY 26 1942

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1942 to 5-24 1942 and that I last saw him alive on 5-24 1942.

Immediate cause of death Prematurity

Due to Premature abortion, 6 month gestation.

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Robert H. Lewis
Address University Hospital Date signed 5-M-25

VS 8

9121

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92536

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Bal of America Hosp S-4 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 412 N Lexington St. 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy HAYNIE

If U. S. Veteran specify WAR (Birth # 49763)

(a) Residence: No. 522 Maude Ave St., Ward. BROOKLYN, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-8-42

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md.

FATHER

13. NAME Judson HAYNIE

14. BIRTHPLACE (city or town) (State or country) Reedville VA

MOTHER

15. MAIDEN NAME Evelyn Jones

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md.

17. INFORMANT Evelyn Haynie

(Address) 522 Maude Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 26 1942 19

19. UNDERTAKER Commissioner of Health

(Address)

20. MAY 26 1942 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 8 1942 to May 16 1942

I last saw him alive on May 16 1942 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
Other contributory causes of importance: Prematurity	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willard Applegarth M. D.

(Address) Bal of America

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9124

92537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 92537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 1431 Bounty Lane (If outside city or town limits write RURAL and give town)
(d) Street No. 31 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years ? 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 26 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 26 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1942, at 8 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: fatal hemorrhage — Duration
Due to: [redacted] stab wound of neck.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: May 19 1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence May 18 1942 at 8 P M
(c) Where did injury occur? (1431 Bounty Lane) (Street or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On street (Specify type of place) While at work? No.
(e) Means of injury Stab wound

23. Signature Robert Lee Faulkner M.D.
Medical Examiner.

Date signed May 19 1942

92538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-B

F 92538 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 3205 Sun Street (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Clifton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 26 1942
Commissioner of Health

18 (a) Funeral director
(b)

19 (a) MAY 26 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to fatty degeneration of heart	
Due to secondary anemia, malignant	
Other Conditions large duodenal ulcer	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 4 1942

VS 6

92538

92539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 92539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Melissa Clements

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Isaac Clements
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 9-1885

8. AGE: Years	Months	Days	If less than one day
57	3	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name John Bowen
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Jeffries
15. Birthplace Md.

16 (a) Informant Isaac Clements.
(b) Address 2001 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Peter Dyer
(b) Address 2324 N Charles St

19 (a) MAY 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1942, to 5-26 1942, and that I last saw her alive on 5-26 1942

Immediate cause of death Carcinoma of liver — Duration 1 mo.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Stranger M.D.
Address 1402 E. Lanvale St. Date signed 5-26-42

VS 3

92540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

Registered No. F 92540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Berkshire Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Berkshire Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret R Spann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Adam C. Spann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 - 1889

8. AGE: Years	Months	Days	If less than one day
52 51	10	19	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Owen Mc Keaney
13. Birthplace Balto md.

MOTHER
14. Maiden Name Eliz Yates
15. Birthplace Balto Md

16 (a) Informant Adam C. Spann
(b) Address 3206 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 27 - 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J Rucks
(b) Address 5321 Harford Road

19 MAY 27 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 24 1942, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1939, to May 24 1942 and that I last saw h[illegible] alive on May 28 1942.

Immediate cause of death
Cardio Vascular Disease — Duration 3 Years

Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Nolan M.D.
Address 6 W Saratoga St Balto Date signed M. D. 5-28-42

F 92541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

F 92541

CERTIFICATE OF DEATH 937

Reg. Dist. No. _____

1. PLACE OF DEATH:
County Baltimore City
City or town 1645 Shadyside Road
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore City
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1645 Shadyside Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Abigail Orcie Tucker

3. (b) Social Security Number

4. Sex: Fem
5. Color or race: White
6.(a) Single, married, widowed, or divorced: —
6.(b) Name of husband or wife: John W Tucker
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.): June 14 1867
8. AGE: Years 74 Months 11 Days 12 If less than one day: _____ hrs. _____ min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Edwin Hudson
13. Birthplace: Balt. Md
MOTHER 14. Maiden name: Peirson
15. Birthplace: Balt. Md.
16. Informant: Viola Shinnick
Address: 1645 Shadyside Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29 1942 (month) (day) (year)
Cemetery or crematory: Parkwood
Location: Parkton Md
18. Funeral director: T.A. Hardesty & Son
Address: Galesville Md
MAY 27 1942 (Date filed by Registrar) 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26- 19 42, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6- 19 42 to May 26 19 42 and that I last saw h alive on May 23- 19 42

Immediate cause of death: Cerebral Hemorrhage May 6-
Due to: Arteriosclerosis
Due to: Hypertension
Due to: Bronchopneumonia May 23-
Due to:
Other conditions:

DURATION
1 yr
1 yr
1 yr
4 days

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edward L Hochheimer M. D. or other
Address: 3505 Eastern Ave Date signed 5-26-42

F92582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F-92582

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1409

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Hoboken
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Garden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3

3 (a) FULL NAME Mr. Louis W. Wolff

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	1126

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Selma J. Wolff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1870

8. AGE: Years	Months	Days	If less than one day
72	0	15	hr. min.

9. Birthplace Hoboken N.J.
(City, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Frederick Wolff
13. Birthplace Hoboken N.J.

MOTHER
14. Maiden Name Mary J. Heidenmann
15. Birthplace Hoboken N.J.

16 (a) Informant John J. Wolff
(b) Address 101 Ridgewood Ave

17 (a) Burial (b) Date thereof 5/29/42
(Burial, cremation, or Removal) (month) (day) (year)
(c) Cemetery or crematory Hoboken
Location Hoboken N.J.

18 (a) Funeral director Wilhoyt Co Inc
(b) Address 219 Court St

19 (a) (b) Huntington Williams M.D.
Registrar

Date received MAY 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942, to May 26 1942, and that I last saw h[illegible] alive on May 26 1942

Immediate cause of death Cerebral Hemorrhage

Duration

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md General Hosp Date signed 5/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 92543

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1010 E. Eager St.
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] Luther Todd

3 (b) If veteran, name war

3 (c) Social Security Account No. 237-22-311

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Martha Todd

6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1919

8. AGE: Years	Months	Days	If less than one day
22	7	13	hr. min.

9. Birthplace Zebulon N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Oscar Todd
13. Birthplace N.C.

MOTHER
14. Maiden Name Dorrie Merritt
15. Birthplace N.C.

16 (a) Informant Martha Todd
(b) Address 1010 E. Eager Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Zebulon N. C.

18 (a) Funeral director Robert Manning Knight
(b) Address 72 McQuiddy St.

19 MAY 27 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 24 1942 at M
(c) Where did injury occur? Eden & Monument Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Stabbed - Cocktail Knife

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 25 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Pasadena, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Webster Monroe

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #1	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Beatrice Monroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1896

8. AGE: Years	Months	Days	If less than one day
45	11	29	hr. min.

9. Birthplace St. Marys Co. Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name George Monroe
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Annie Briscoe
15. Birthplace St. Marys Co. Md.

16 (a) Informant Mrs. Beatrice Monroe
(b) Address Pasadena Maryland

17 (a) Burial (b) Date thereof 5-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Magothy Church
Location Anne Arundel Co. Md.

18 (a) Funeral director William A. Jackson
(b) Address 914 Penna. Ave.
MAY 27 1942 (Huntington Williams Mort.)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 2:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1942 to May 26 1942, and that I last saw him alive on May 26 1942.

	Duration
Immediate cause of death: Cardiac Decompensation	2 days
Due to: Chronic Endocarditis	Unknown
Due to: Coronary Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Lasseter M. D.
Address Mercy Hospital Date signed 5-26-42

VS 3

Attention is called to the penalty for making wilfully false statements in connection with this certificate. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr John O'Connor Walpert Apts F 92545

F 92545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

Registered No. F 92545

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT NAME, WITH UNFADING INK. Every item of

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4640 Kenwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4640 Kenwood Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Emma Thompson

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) ~~Single, married, widowed, or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ James Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15th 1871

8. AGE: Years	Months	Days	If less than one day
70	7	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John C. Jenkins

13. Birthplace Md.

MOTHER 14. Maiden Name Julia E Edwards

15. Birthplace Md.

16 (a) Informant Randall T. Thompson

(b) Address 4640 Kenwood ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/28/42 (month) (day) (year)

(c) ~~Cemetery or Crematory~~ Parkwood

Location Parkville Md

18 (a) Funeral director William Cook Inc

(b) Address 27 1942 St. Paul St

19 (a) MAY (Date rec'd by registrar) (Signature of Registrar) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1942, at 8:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 25 1942, and that I last saw h[ER] alive on May 25 1942.

Immediate cause of death Acute Cardiac Dilatation — Duration: 2 days

Due to Bronchio-Pneumonia

Due to Cerebral Hemorrhage.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John J. O'Connor

Address 1800 N. Charles St Date signed 5/26/42

VS 8

St Settle 2435 Mt Ave - Hair 6446 ✓

F 92546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

F 92546 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Mt. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Mt Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruthella May Bibbins

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband ~~or wife~~ Arthur B. Bibbins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29th 1865

8. AGE: Years 76 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Frederick Md.
(Town, county and state)

10. Usual Occupation At Home
11. Industry or business " "

FATHER
12. Name Morley
13. Birthplace

MOTHER
14. Maiden Name Caroline
15. Birthplace

16 (a) Informant Mary L. Dean
(b) Address Albion - Michigan

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/27/42
(month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Frederick Md

18 (a) Funeral director William Cook Inc
(Address) 1 St. Paul St

MAY 27 1942
(Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D.
Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1942 at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1922 to May 25 1942
and that I last saw her alive on May 24 1942.

	Duration
Immediate cause of death Cerebral Thrombosis	7 Days
Due to Arterio Sclerotic cardio vascular disease	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George M. Smith M.D.
Address 2435 Mt Ave Balto Md Date signed 5/26/42

VS 1

Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 92547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92547 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Shelburne Ct
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Baummer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John C Baummer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1866

8. AGE: Years	Months	Days	If less than one day
76	2	8	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant John Baummer
(b) Address 2810 Shelburne Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Hurst
(b) Address 2415 Harford Rd

19 (Date rec'd by registrar) MAY 27 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1942 at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1942 to 5/26 1942 and that I last saw h Ct alive on 5/26 1942

Immediate cause of death Respiratory Failure — Duration

Due to Arteriosclerotic Heart Disease & Failure — 10 Yrs

Due to Bronchopneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. A. Baummer

Address St Joseph's Hospital Date signed 5/28/42

DOA Accident Room Med. Exam. Case

F 92548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. F 92548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1902

8. AGE: Years	Months	Days	If less than one day
c 40	4	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Walter Stokes
13. Birthplace Va.

MOTHER 14. Maiden Name Celpie White
15. Birthplace Va

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mrs. R. A. Whitby Daughter
(b) Address 1429 N. Caroline St. B.

19 (a) MAY 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942 at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Congenital anomaly of aortic valve of heart.

Due to

Due to

Other Conditions Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: I AS ABOVE.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J. H. H Date signed 5-26

Robert Lee Graham M.D. 5.11.7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92549 74-a F 92549 Registered No.

F 92549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Longwood Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Lowrey NANCY KATHERINE LOWREY

3 (b) If veteran, name war -

3 (c) Social Security Account No. 219-10-8935

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Perrin Lowrey
6 (c) If alive, give age 20 years
7. Birth date of deceased (mo., day, yr.) March 11 1924
8. AGE: Years 18 Months 2 Days 15 11 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Junior Clerk
11. Industry or business

FATHER
12. Name Frederick Weaver
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ellen Egerton
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Henry W. Antonio & Bro. Co.
(b) Address McCulloh & Orchard Sts.

19 MAY 27 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942, to May 26 1942, and that I last saw her alive on May 26 1942

Immediate cause of death	Duration
Post-Operative Bleeding	8 hours
Due to Hypotension	18 hours
Due to Pregnancy (and) Acute Myelogenous Leukemia	16 weeks ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-23-42

Major findings of operation: Leukemia - & Splenomegaly - Pregnancy.

of autopsy: Post-hysterectomy bleeding Leukemia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Carstens M. D.

Address Johns Hopkins Hospital Date signed 5/28/42

Instructions: Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92550

416441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

F 92550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5410 Belair Rd. (If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN ROBERT McCRACKEN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-18-8290

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: - - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) 1-17-24

8. AGE: Years 18 | Months 4 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William McCracken
13. Birthplace Penn

MOTHER
14. Maiden Name Marie Esser
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29.1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address North Ave. & Broadway.

19 (a) MAY 27 1942 (Date received) Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 11 57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942, to May 26 1942, and that I last saw him alive on May 26 1942.

Immediate cause of death: Respiratory Failure — Duration

Due to Pineal tumor, post-operative

Due to

Other Conditions 0

(Include pregnancy within 3 months of death)

Date of operation 5-26-42

Major findings of operation: Pineal tumor

of autopsy: Postoperative

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M.D.
Address Johns Hopkins Hosp. Date signed 5-26-42 M. D.

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92551 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 N. Washington St (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME (Any additional name) EVA CATHERINE McLAIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife John McLain
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 27 1887

8. AGE: Years	Months	Days	If less than one day
55	1	928	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Leyerle
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Zeigle
15. Birthplace Germany

16 (a) Informant Mr. John McLain (Son)
(b) Address 3726 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 28. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

MAY 27 1942 Washington Williams, M.D. Registrar
(Date received) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1942, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1942 to 5/25 1942 and that I last saw her alive on 5/25 1942.

Immediate cause of death	Duration
(a) Acute Cardiac failure	
Due to Hypertension C.V. disease	
Due to	
Other Conditions Asthma Nasal polyps (Include pregnancy within 3 months of death)	

Date of operation 5/25
Major findings of operation: Nasal polyps
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident
(a) Accident, suicide, or homicide
(b) Date of occurrence May 25, 1942 at 3 P M
(c) Where did injury occur? Mercy Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Cocaine anesthesia.

23. Signature Charles Barnett
Address Mercy Hosp. Date signed 5/26

H. S. McLain, M.D. per Omar

F 92552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Eloise Alston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperated

6 (b) Name of husband or wife Willie Alston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1903

8. AGE: Years	Months	Days	If less than one day
38	11	24	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Flynn
15. Birthplace Sc.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A G Co Md

18 (a) Funeral director Robert E Williams
(b) Address Huntingtown Md

19 (a) MAY 27 1942 (b) Huntingtown Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25-42 19 , at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1942 to 5-25 1942, and that I last saw h.e. alive on 5-25 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Subarachnoid hemorrhage — 3 wks
Due to
Other Conditions Diabetes mellitus, Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. Cross Jr. M. D.
Address Balt City Hosp Date signed 5-25-42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104

Registered No. F 92553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 141 N. Exeter Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACKSON BURAL

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1895

8. AGE: Years 46 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace CHARLOTTE COUNTY, VIRGINIA
(Town, county, and state)

10. Usual Occupation LONGSHOREMAN

11. Industry or business

FATHER
12. Name Edward Bural
13. Birthplace Virginia

MOTHER
14. Maiden Name ~~[illegible]~~Kate Williams
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Bural (Burial, cremation, or removal) (b) Date thereof May 29-42 (month) (day) (year)
(c) Cemetery or crematory U S National
Location Balto City

18 (a) Funeral director Robert E Williams
(b) Address 15 [illegible] Mc Elderry St

19 (a) (Date received by Registrar) (b) Registrar

MAY 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1942, 8:10a.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24/42 19__, to 5/25/42 19__, and that I last saw him alive on 5/25/42 19__.

Immediate cause of death: LOBAR PNEUMONIA — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Mauran M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/25/42

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 92554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115-C

F 92554 1 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 STANTON TERRACE, S.E., (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SCARBORO SAMUEL SIMPSON

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dorothy Simpson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1915

8. AGE: Years 27 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace SOUTH CAROLINA (Town, county, and state)

10. Usual Occupation ANIMAL BREEDER

11. Industry or business US PHS

FATHER
12. Name George Simpson
13. Birthplace South Carolina

MOTHER
14. Maiden Name Mattie Rodgers
15. Birthplace South Carolina

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Payne's Cemetery
Location Washington, D. C.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3221 Schroeder Pl. N.W.

19 (a) MAY 27 1942 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1942, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1942, to May 26, 1942, and that I last saw him alive on May 26, 1942.

Immediate cause of death Septicemia and abscess of neck — Duration 3 days

Due to Infection of throat — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/13/42

Major findings of operations: Tonsillectomy

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Auw M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 5/27/42.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92555

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2715 Guilford avenue

(c) Hospital or institution: -----

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2715 Guilford avenue (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME ALICE R. FISHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	-----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Joseph J. Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1863

8. AGE: Years	Months	Days	If less than one day
79	3	14	hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Samuel Hobbs

13. Birthplace Smithsburg, Maryland

MOTHER 14. Maiden Name Clara Weddle

15. Birthplace Frederick, Maryland

16 (a) Informant Miss Alice R. Fisher

(b) Address 2715 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. J. Evans & Son, Inc.

(b) Address 48 W. Mt. Royal Ave

19 (a) MAY 27 1942 Huntington Williams M.D.

(Date rec'd by reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941, to May 25 1942 and that I last saw ... alive on May 25 1942

Immediate cause of death Myocardial Insufficiency (Failure) — Duration unknown

Due to Hypertension Cardiovascular Disease — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas. R. Goodwin M.D.

Address 1923 St Paul St Date signed 5/27/42

VS 8

F 92556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 92556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 E. Weber Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. NORTH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Geo. B. North
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1890

8. AGE: Years	Months	Days	If less than one day
51	5	1	hr. min.

9. Birthplace Solomons Island, Calvert Co., Md. (Town, county, and state)
10. Usual Occupation At. Home
11. Industry or business

FATHER
12. Name ? Andrews
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Calvert Co., Md.

16 (a) Informant Charles A. Eilman (Son.
(b) Address 127 N. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location A. A. Co. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Baltimore St.

19 (a) MAY 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 42, at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 5/26/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 92557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1531 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Macon Watkins 73871

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Rodillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1885

8. AGE: Years	Months	Days	If less than one day
56	5	21	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Joe Watkins
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 2 [illegible] Schroeder St

19 MAY 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 12:15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from May 11 1942 to May 26 1942, and that I last saw him alive on May 25 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 5/27/42 M. D.

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Torney

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 92558

Registered No. F 92558

F 92558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 590 W. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Torney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1904

8. AGE: Years	Months	Days	If less than one day
37	11		hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charley Torney
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Rachel Robinson
15. Birthplace Va.

16 (a) Informant Lydia Boggs
(b) Address 1344 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Hillcoat
(b) Address 918 Druid Hill ave.

19 (a) MAY 27 1940 Huntington Williams, M.D. Registrar
(b) Registered

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 12 noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to Enlarged right Ventricle	
Due to pulmonary emphysema	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D. Medical Examiner.

Date signed May 25 1940

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41635D

F 92559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 92559

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mo
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Thrmodon St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sidney Coganell

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-0502

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-08

8. AGE: Years	Months	Days	If less than one day
33	5	16	hr. min.

9. Birthplace D.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Abraham Coganell
13. Birthplace D.C.

MOTHER
14. Maiden Name Lucy Foster
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory
Location Hardenwood M.G.

18 (a) Funeral director Chas H Alexander
(b) Address 927 N. Howard St

19 MAY 27 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 23 1942 and that I last saw h[illegible] alive on May 23 1942

Immediate cause of death: Cerebral Thrombosis — Duration

Due to: Aneurysm Sigmoid Willis, operated

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-22-42

Major findings of operation: Aneurysm of Circle of Willis

of autopsy: Some plaque thrombosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address 744 Date signed 5-26-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 92560 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 North Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 North Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

87

3 (a) FULL NAME ALICE O. SOELKEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/22/1859

8. AGE. Years	Months	Days	If less than one day
82	6	3	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frederick Wm. Soelkey
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Roelkey
15. Birthplace Germany.

16 (a) Informant Miss Ada Soelkey
(b) Address 1426 North Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery.
Location Frederick, Md.

18 (a) Funeral director [signature]
(b) Address 1095 W. Baltimore St.

19 (a) MAY 27 1942 (b) Huntington Williams Mort. Balto. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 25th 1942, at 1045 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1942, to 5-25-1942, and that I last saw h[illegible] alive on 5-25-1942

Immediate cause of death	Duration From
Myocarditis —	11/24/42
Due to Cardio-vascular-renal disease —	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1517 E. North Ave. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-A

F 92561 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E. 31st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gustav A. Beck

3 (b) If veteran, name war — No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Alice Beck

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1874

8. AGE: Years	Months	Days	If less than one day
67	5	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cafe keeper
11. Industry or business (retired)

FATHER
12. Name Johann F. B. Beck
13. Birthplace Germany

MOTHER
14. Maiden Name Christiana C. F. Bortlous
15. Birthplace Germany

16 (a) Informant John H. Brabrun
(b) Address 315 E. Ellerslie ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 29/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director John Ulgud
(b) Address 1008 Oakley ave Huntington Woodlawn, Md

19 (a) MAY 27 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1942, at 4.30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death

Coronary Occlusion — Duration

Due to

Due to

Other Conditions Generalized arteriosclerosis & kidneys. Cirrhosis of liver.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Date signed 5-26-42 Medical Examiner.

92562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 92562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 McDonogh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mills (Birth F 4967)

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1942

8. AGE: Years	Months	Days	If less than one day
-	-	-	11 hr. 14 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name George Mills
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mattie Forman
15. Birthplace South Capolina

16 (a) Informant Mrs. George Mills
(b) Address 1006 McDonogh St. Balto., Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 27 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 27 1942 Thos. [illegible] Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 42, at 10:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 19 42 to May 17 19 42 and that I last saw him alive on May 17 19 42.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address Johns Hopkins Hospital Date signed 5/19/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9129

F 92563 BALTIMORE CITY HEALTH DEPARTMENT F 92563

CERTIFICATE OF DEATH 157-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6848 N. Miami Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peggy Louise Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/[illegible]/41

8. AGE: Years	Months	Days	If less than one day
—	7	—	hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Miller
13. Birthplace Ill.

MOTHER
14. Maiden Name Amelia McGinnis
15. Birthplace Ill

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Miami Fla.

18 (a) Funeral director John D. Mitchell Funeral Home
(b) Address 600 Lenox Ave.

19 (a) MAY 27 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942 at 12:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to May 26 1942 and that I last saw her alive on May 26 1942

Immediate cause of death: Failure of Resp Center — Duration

Due to Operation

Due to Meningomyelocele

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/26/42

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. H. Pollard M.D.
Address Date signed 5-26-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 92564 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Latrobe St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Latrobe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Singleton Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 2/2-10-8017

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Mary Dorsey
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 30 - 1881

8. AGE: Years	Months	Days	If less than one day
60	9	10	6 hr. — min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Fireman -
11. Industry or business Md. Cas. Co.

FATHER
12. Name Singleton Dorsey
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Susan Williams
15. Birthplace Howard Co. Md.

16 (a) Informant Emma Dixon
(b) Address 1718 Latrobe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Q.A. Co Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

MAY 27 1942 Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28- 1942, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Sitting (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition - Sitting (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-26-42

VS 6

92565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78B

F 92565
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Shroeder St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Lewis
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 21, 1940
8. AGE: Years 1 | Months 10 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Nathaniel Lewis
13. Birthplace N. C.

MOTHER
14. Maiden Name Blanch Ayston
15. Birthplace Unknown

16 (a) Informant Effie Bush (Aunt)
(b) Address 206 N. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md.

18 (a) Funeral director Chas H. Gorter
(b) Address 514 N. Calhoun St.

MAY 27 1942 (Date filed by registrar)
(b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Lead encephalitis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? at M
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Graham Medical Examiner. M.D.
Date signed May 25 1942

Maude Amos

F 92566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 92566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Harford
(c) City or town Streett (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Frank Howard Amos (maude)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Frank H
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Mar 10, 1897

8. AGE: Years	Months	Days	If less than one day
45	2	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Frank E Townsley
13. Birthplace md

MOTHER 14. Maiden Name Augustus Gunther
15. Birthplace md

16 (a) Informant Pt.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director H Thomas Hyatt
(b) Address Eager Empire Rd Huntington Station, Md

19 (a) (Signature of local registrar) Registrar

MAY 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 6 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to May 27 1942, and that I last saw her alive on May 27 1942.

Immediate cause of death: Circulatory collapse — Duration 18 hrs

Due to Obstruction of inferior ureter — 4½ months

Due to Carcinoma of the stomach & widespread metastasis — 4 years?

Other Conditions Cystic kidney

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca of stomach with metastases

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Fischer, J. M. D.
Address Union Memorial Hosp. Date signed 5-27-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

F 92567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 92567
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Battery Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Julius Frey

73411

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-2918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Rosie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27, 1891

8. AGE: Years	Months	Days	If less than one day
51	0	29	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Clerical
11. Industry or business Occ. Due to Health

FATHER
12. Name Wm. Frey
13. Birthplace Germany

MOTHER
14. Maiden Name Albertina Staegle
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location B. C. County Md.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1304 E. Lafayette Ave.

19 (a) MAY 28 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 42 at 8:56P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 19 1942 to May 26 1942, and that I last saw him alive on May 26 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs?
Due to
Due to
Other Conditions Diabetes mellitus — Duration: 2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Baltimore City Hospitals Date signed 5/31/42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92568

F 92568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs 6
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge Md
(If outside city or town limits, write RURAL and give town)
2021
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Elizabeth (Hogan, Mary C.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1902

8. AGE: Years 35 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Patrick Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Scullane
15. Birthplace Ireland

16 (a) Informant Convent, Rev. J
(b) Address Elkridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt. St. Dame Ann
Location Elkridge Md

18 (a) Funeral director Geo. A. Fuchs
(b) Address Catonsville Md

19 (a) MAY 28 1942 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 4:57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1942, to 5/29 1942, and that I last saw h.e.r. alive on 5/27 1942.

Immediate cause of death
Rocky Mountain Spotted Fever — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian J. Richter
Address Bon Secours Date signed 5/29/42
M D

VS 3

Penalty for wilful failure, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92569

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Baker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Dobbins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Leah Dobbins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1899

8. AGE: Years	Months	Days	If less than one day
43	8	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

12. Name Maggie Thomas

13. Birthplace Baltimore, Md

14. Maiden Name Charles Dobbins

15. Birthplace Baltimore, Md.

16 (a) Informant Leah Dobbins

(b) Address 604 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Pelia

Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee. W. Holland

(b) Address 1621 Druid Hill Ave

19 (a) Huntington Williams, M.D.

MAY 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1942 to May 24 1942 and that I last saw h / alive on May 24 1942

Immediate cause of death Pneumonia

Due to Hypostatic Congestion Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling

Address Provident Hosp Date signed 5 / 28 / 42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No.

F 92570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Fleet St.
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUCJA MICHALAK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4846

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11-1879

8. AGE: Years	Months	Days	If less than one day
63	0	16	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business LORD MOTT Packing Co.

FATHER
12. Name Walenty Michalak
13. Birthplace poland

MOTHER
14. Maiden Name Victoria ?
15. Birthplace Poland.

16 (a) Informant Mrs Maryanna Ratajczak
(b) Address 1615 Fleet street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann st

19 MAY 28 1942 Huntington Williams, M.D. (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 6 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions ?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ?
of autopsy: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Acting Medical Examiner.
Date signed 5-27-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92571 Registered No. 832

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town East New Market (If outside city or town limits, write RURAL and give town)
Street No. 615 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillian Holby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Mr. H. J. Holby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1886

8. AGE: Years	Months	Days	If less than one day
56	1	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business home

FATHER
12. Name Mr. Edward Rogers
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Pitts
15. Birthplace Maryland

16 (a) Informant Mr. Roger Holby
(b) Address East New Market

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location East New Market

18 (a) Funeral director H. B. Wilson Holby Co.
(b) Address Hurlock, Md.

19 (a) MAY 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to May 28 1942 and that I last saw her alive on May 28 1942.

Immediate cause of death: Cerebral vascular accident — Duration: 2 hours
Due to generalized arteriosclerosis
Due to
Other Conditions Chronic cholecystitis with cholelithiasis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Holden G. Helbert M. D.
Address Church Home & Infirmary Date signed 5-29-42

VS 8

F 92572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Madison Hotel Apt.
(b) Street address 817 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 St. Paul Street (If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME John Terence McShane

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Lanahan
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------1865

8. AGE: Years	Months	Days	If less than one day
74	---	---	---hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Deputy Clerk
11. Industry or business Baltimore City Court

FATHER
12. Name Peter McShane
13. Birthplace Ireland

MOTHER
14. Maiden Name Winifred Skelly
15. Birthplace Ireland

16 (a) Informant Mrs. Nellie L. McShane
(b) Address 817 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) MAY 28 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1942 to 5-26 1942 and that I last saw h[illegible] alive on 5-26 1942

Immediate cause of death	Duration
Coronary Thrombosis	2 hours
Due to Arteriosclerotic CV disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J Nelson Darby M. D.
Address 1016 St Paul St Date signed 5-27-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 92573 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Argyle ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Scayles

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife Chaney Scayles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Prince Frederick Calvert Co (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Walter Scayles
13. Birthplace Prince Frederick Calvert Co

MOTHER
14. Maiden Name Hannah Hardman
15. Birthplace Prince Frederick Calvert Co

16 (a) Informant Chaney Scayles (wife)
(b) Address 1517 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Jas Brooks
(b) Address 4 to 3 No Carey St

19 (a) (b) Huntington Williams M.D.
MAY 26 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1942 at 8.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Burnshot of abdomen

Due to

Due to

Other Conditions Partly severed right Common iliac artery

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-25-42 at 8. P. M
(c) Where did injury occur? Joliet Lafayette Square (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Burnshot

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 5/26/42

F 92574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 92574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Hanover St. (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PERNETTIE M SCHIPFERLING

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles Schipferling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1866

8. AGE: Years	Months	Days	If less than one day
75	11	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Hubbard
13. Birthplace Maryland

MOTHER
14. Maiden Name Lewis
15. Birthplace

16 (a) Informant Charles Schipferling
(b) Address 1339 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 (month) 19 40
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director C. Howard Evans
(b) Address 1400 Eutaw St (Huntington Williams Mort.)

19 (a) (Signature of registrar)
(b) MAY 28 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 40 at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)
Date of operation — Duration
Major findings of operation: No — Duration
of autopsy: No — Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 5-26-40

Please sign in especially important. Physicians: please write the causes of death clearly and legibly.

F 92575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 92575

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Stokely

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Fe

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Lorenzo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1870

8. AGE: Years 72 | Months - | Days 3 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Moses Ford
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Leo Stokely
(b) Address 1123 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 28 42 (month) (day) (year)
(c) Cemetery or crematory Gethsemane
Location Md

18 (a) Funeral director Geo. B. Kelson
(b) Address 3 Presstman

19 MAY 28 1942 (Date rec'd by registrar) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to May 25 1942 and that I last saw her alive on May 25 1942

Immediate cause of death Coronary Thrombosis — Duration 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Perkins M.D.
Address Provident Hosp. Date signed 5/29/42

V8 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EUGENE A. ALLPORT

F 92576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55E

F 92576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution:
Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 E 28th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Eugene A. Allport

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-8673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret Allport
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	16	hr. min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)
10. Usual Occupation Port Watcher
11. Industry or business

FATHER
12. Name Robert Cole Allport
13. Birthplace Pendleton Co. Virginia

MOTHER
14. Maiden Name Martha Elizabeth —
15. Birthplace Pendleton Co. Virginia

16 (a) Informant Mrs. Margaret Allport
(b) Address 512 E. 28th St.

17 (a) Burial (b) Date thereof May 29-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Maria (Hampden)
Location Baltimore, Md.

18 (a) Funeral director Horace F. Byrne
(b) Address 3631 Falls Road

19 (a) (b) Huntington Mills Registrar

MAY 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 12:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1942, to 5/26 1942, and that I last saw h[illegible] alive on 5/26 1942.

Immediate cause of death: adenocarcinoma - prostate not determined. — Duration: 3

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy adenocarcinoma in Chest

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 5/26/42

VS 2

F 92577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 92577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 E 38th st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E 38th st
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Margaret Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Chas. Hammond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21-1886

8. AGE: Years	Months	Days	If less than one day
55	11	5	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business (Stiffanska)

FATHER
12. Name Michael Steffanski
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Wielinski
15. Birthplace Germany

16 (a) Informant Mary Lacy
(b) Address 612 E 38th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 6-305 Huntington Ave

19. (a) MAY 28 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1940 to 5-26 1942 and that I last saw her alive on 5-26 1942.

Immediate cause of death Hypertension
Cardio Vascular Disease

Due to Chronic Diffuse Nephritis

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. A. Rusk M. D.
Address 7105 York Road Date signed 5-28-42

VS 2

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92578

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. & Jordin ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 White Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew N. Regert

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-7327

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1912

8. AGE: Years	Months	Days	If less than one day
29	10	18	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Grocery Clerk

11. Industry or business

FATHER
12. Name Nicholas Regert
13. Birthplace Austria

MOTHER
14. Maiden Name Eva Henning
15. Birthplace Austria

16 (a) Informant Mr. Nicholas Regert
(b) Address 4511 White Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Leasburg Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 28 1942 (b) Huntington Williamsport, Md.
(Month, day, year) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1942, at 12 09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1942 to May 27 1942, and that I last saw h[illegible] alive on May 27, 1942.

	Duration
Immediate cause of death Tuberculous Meningitis	7 days
Due to Pulmonary Tuberculosis	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 5/27/42

Write age in space provided. Physician: please write the causes of death clearly and legibly.

F 92579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Cornelius Mahoney

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 86 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Cornelius
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Cahill
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] Huntington Wisconsin, M.P. Address

MAY 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1942 19 , at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1- 1942 to May 27 1942, and that I last saw him alive on May 26- 1942.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North ave Date signed 5/27/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92580 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 E Fortare
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 E Fortare. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lilie V. McCoy.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Patrick McCoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1871

8. AGE: Years 71 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Joseph Hooker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary V. Lightner
15. Birthplace Baltimore

16 (a) Informant Mrs E. Grave
(b) Address 108 E. Fortare

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Avenue

18 (a) Funeral director John J Faherty Sons
(b) Address 1318 Light St

MAY 28 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 1:19 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1933 to 5/27 1942 and that I last saw h[er] alive on 5/29/42 19

Immediate cause of death
Hypertension
Arteriosclerosis Nephritis

Due to

Due to

Other Conditions
Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Duration 9 yrs 1 yr 1 yr

5/22/42

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Kohn M.D.
Address 1026 Fort Ave Date signed 5/24/42

VS 3

F 92581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 92581
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Carlton Sts
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5306 Winner Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Deets (Birth F 50521)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/42

8. AGE: Years	Months	Days	If less than one day
		2½ days	hr. min.

9. Birthplace Franklin Sq. Hospital
(Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard LeRoy Deets
13. Birthplace Balto; Md

MOTHER
14. Maiden Name Catherine Felicia DiPete
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Howard Deets
(b) Address 5306 Winner Ave; Balto.

17 (a) 5/28/42 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Papetone
(b) Address 284 E. Balto St

19 MAY 28 1942 (Date received by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1942 to May 27, 1942 and that I last saw h S. alive on May 27, 1942

Immediate cause of death
Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 5/28/42

VS 8

F 92582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92582

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5123 Liberty Heights Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5123 Liberty Heights Ave (If rural give location)

Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Wilford Henry Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-01-6343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva E Hunt.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6/1895

8. AGE: Years	Months	Days	If less than one day
46	11	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Asst Supt

11. Industry or business A & P Tea Co.

FATHER 12. Name William Hunt

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Ballenger

15. Birthplace Va

16 (a) Informant Eva E Hunt.

(b) Address 1423 - 33rd St N.W. Washington DC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30/1942 (month) (day) (year)

(c) Cemetery or crematory Columbia Gardens

Location Near Washington DC

18 (a) Funeral director Harry A. Annacker

(b) Address 4204 Rhode Island Ave Washington, D.C.

19 (a) MAY 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942 to May 27 1942 and that I last saw h alive on May 27 1942

Immediate cause of death Coronary Thrombosis

Due to Hypertension and Arteriosclerosis

Due to Chronic Nephritis ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
½ hr.
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Geo. J. Abbott M. D.

Address 450 E Lbty Hts Ave Date signed 5-27-42

A. L. Wollenweber, M.D. Pers. Phy.

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 92583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Forest Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME HENRY ABRAMOWITZ

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

(b) Name of husband or wife REBECCA
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 1881

AGE: Years	Months	Days	If less than one day
61			hr. min.

Birthplace RUSSIA (Town, county, and state)
Usual Occupation MERCHANT
Industry or business

12. Name MENDEL
13. Birthplace RUSSIA
14. Maiden Name GITTLE
15. Birthplace RUSSIA

(a) Informant WIFE
(b) Address

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-28-42 (month) (day) (year)
(c) Cemetery or crematory MT CARMEL
Location O'DONNELL ST
(a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St
(c) MAY 28 19[illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to May 28 1942 and that I last saw him alive on May 28, 1942.

	Duration
Immediate cause of death Pulmonary Edema	1 hour
Due to Bronchopneumonia	4 days
Due to Hypertensive heart disease	?
Other Conditions Uremia	3 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tom A Cohen M.D.
Address Sinai Hosp. Date signed 5/28/42

VS 3

F 92584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 92584
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Treemprang - Belvedere
(c) Hospital or institution:
Levindale

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city limits, write RURAL and give town)
(d) Street No. 401 N. Wolfe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fanni Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Benj. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-1865

8. AGE: Years 76 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Married Lady

11. Industry or business

FATHER
12. Name Herson -
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah -
15. Birthplace Russia

16 (a) Informant Sig Fensterstock
(b) Address Treemprang Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Joel Levin Inc
(b) Address 1429 E. Balto. St

19 (a) MAY 28 19[illegible] (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1942, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1939, to 5-27 1942
and that I last saw her alive on 5-27 1942.

Immediate cause of death Hypertension
Arteriosclerosis

Due to

Due to

Other Conditions Corneal opacities

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M.D.

Address Levindale Date signed 5/28/42

F 92585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 92585
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 654 Schroeder St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	W'd dcsd

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant George Ringgold Jr
(b) Address 654 Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville Md

18 (a) Funeral director Edgar O Wilson
(b) Address 1000 Druid Hill Ave

19 MAY 28 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942; at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to May 28 1942 and that I last saw him alive on May 28 1942

Immediate cause of death Congestive Heart Failure

Due to Hypertension

Due to Heart Disease

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W Reed M.D.
Address Provident Hosp Date signed 5/28/42

VS 3

F 92586
AB-73739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

F 92586
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Jacob M. Ellender (Jacob M. Ellender)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Florence E. Bond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1866

8. AGE: Years	Months	Days	If less than one day
76	1	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name George Ellender
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Minnick
15. Birthplace Pennsylvania

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.
18 (a) Funeral director Henry H. Mears and Son
(b) Address 2047 W. Calvert St.
19 MAY 28 1942 (b) Huntington Willemstad N.J.
(Whole rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1941 to 5/26 1942 and that I last saw him alive on May 26 1942.

Immediate cause of death Heart failure — Duration 3 hrs.
Due to Arteriosclerotic heart disease — Duration years,
Due to — Duration
Other Conditions Ca of rectum — Duration over 2 yrs.
Diabetes Mellitus.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address Baltimore City Hospitals Date signed 5/27/42
M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information cannot be correctly supplied.

F 92587 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 92587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution: University Hosp. 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andella Strothers

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Widow

6 (b) Name of husband or wife unknown.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5 1893

8. AGE: Years	Months	Days	If less than one day
49	3	23	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Douglas Strother
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-42 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Carroll Co

18 (a) Funeral director D. Bankard & Sons
(b) Address Westminster, Md.

19 (c) MAY 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to May 28 1942, and that I last saw h[illegible] alive on May 28 1942.

Immediate cause of death Diabetic Coma — Duration 36 hr.

Due to Diabetes mellitus

Due to

Other Conditions Acidosis & de-hydration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. L. Seigman M. D.
Address Univ. Hosp. Date signed 5-28

If correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Where necessary, WITH UNFADING INK.

VS 8

M. D. B. 1268-0

(Birth F 50094) ✓

92588

HEALTH DEPARTMENT—CITY OF BALTIMORE

92588

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St., 16-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Conover

(a) Residence: No. Franklin Sq. Hospital Ward. Nursery

(Usual place of abode) 724 N Fulton ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq. Hosp Balto Md

FATHER

13. NAME Leon M. Conover

14. BIRTHPLACE (city or town) (State or country) Camden N. J.

MOTHER

15. MAIDEN NAME Loraine Margaret Preston

16. BIRTHPLACE (city or town) (State or country) Dover Del

17. INFORMANT Mrs. Leon Conover (Address) 724 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place JOHN HOPKINS MEDICAL SCHOOL MAY 28 1942 Balto.

19. UNDERTAKER Commissioner of Health (Address)

20. FILED MAY 28 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1942 to May 24, 1942

I last saw him alive on May 24, 1942 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Fetal Atelectasis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Oscar Hartman M. D.

(Address) Franklin Square Hospital

9130

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

92589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. E 92589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Amity Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1911

8. AGE: Years 21 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Johnny Watkins

13. Birthplace Md

MOTHER 14. Maiden Name Hattie Johnson

15. Birthplace Howard Co. Md.

16 (a) Informant Hattie Brady

(b) Address 105 N Amity St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cemetery Location Howard Co Md.

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) MAY 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 11.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of Heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-25-42

Major findings of operation: Stab wound of Heart

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-25-42 at 10.20 P.M.
(c) Where did injury occur? 214 N. Amity Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Stab wound Knife.

23. Signature Howard J. Malone M.D. Medical Examiner

Date signed 5-26-42

VS 6

Please write all information asked for. Answer every question. Be careful to correct age in especially important. Physicians: please write the causes of death clearly and legibly.

92590 Elester-Crowner ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-42

F 92590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1140 Shields
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1140 Shields Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elester Crowner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1892

8. AGE: Years 49 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Balt (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Crowner

13. Birthplace Maryland Co

MOTHER 14. Maiden Name Emma Peake

15. Birthplace Maryland Co Md

16 (a) Informant Dorothy Crowner

(b) Address 1140 Shields Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 MAY 28 [illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942 at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to May 23 1942, and that I last saw h alive on May 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension Cardiac — Duration

Due to: Arteriosclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature M Eulap M. D.

Address 803 N Fremont Ave Date signed May 28 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 92591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Mantford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Carlyle McNemar

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-3768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Helen McNemar
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 8 1915

8. AGE: Years	Months	Days	If less than one day
27	4	20	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Special Policeman
11. Industry or business Beth Steel

FATHER
12. Name William A McNemar
13. Birthplace Virginia

MOTHER
14. Maiden Name Nareine Burke
15. Birthplace Maryland

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-42 (month) (day) (year)
(c) Cemetery or crematory Sandy Point
Location Dalto. Md.

18 (a) Funeral director John C. Tilley Inc.
(b) Address 2435 E. Oliver St.

19 (a) MAY 28 1942 (Date received by Registrar) Wilmington Hollister, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1942, to 5-28 1942, and that I last saw h[illegible] alive on 5-28 1942.

Immediate cause of death: Pulmonary Embolism — Duration
Due to Post Operative pelvic Neoplasty 5-14-42
Due to ____
Other Conditions Post Op Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Left Inguinal Hemorrhoidectomy 5-14-42
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Whitworth M. D.
Address MD Gen Hosp Date signed 5-28-42

VS 8

F 92592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 92592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Mencken St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Mencken (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle gould Barrow

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edward J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15. 1868

8. AGE: Years 73 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Robert gould

13. Birthplace Albany N.Y.

MOTHER 14. Maiden Name Margaret Hilgus

15. Birthplace Balto Md.

16 (a) Informant Mrs. John J Leech

(b) Address 600 Mencion St

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof [illegible] (month) (day) 42 (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Maurice J Tilyou

(b) Address 1422 Light St

MAY 28 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942 19 , at 1.5 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1931, to May 28 1942. and that I last saw h er alive on May 28, 1942

Immediate cause of death: Carcinomia of Breast — Duration: 11 yrs

Due to: Matastitis of Lungs And

Due to: Stomach

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address 2757 W. Mont Date signed May 28 1942

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 92593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Wallbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Zajic

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Zajic
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 17, 1871

8. AGE: Years	Months	Days	If less than one day
71		9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Dill
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Baltimore

16 (a) Informant James Zajic
(b) Address 2928 Wallbrook Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5-29-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto Md

18 (a) Funeral director Frank Cracknell
(b) Address 700 N. Charles St

19 MAY 28 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12/40 to May 26/42 and that I last saw h— alive on May 25 1942

Duration 2 yr 7 mo 10 days

Principal cause of death
Carcinoma of the cervix uteri
Due to pleurisy

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Stevens M.D.
Address 1929 Mount Ave Date signed May 28 1942

VS 3

F 92594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 92594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Box. 296 RFD 13 (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME JOHN LEE WHICHARD

3 (b) If veteran, name war: no-

3 (c) Social Security Account No. 213-05-2350

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Barton

6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.) Jan. 21. 1900

8. AGE: Years 42 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Stationary Engineer

11. Industry or business: Schluderberg-Kurdle Co.

FATHER
12. Name: James R. Whichard
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Buella ? - deceased
15. Birthplace: North Carolina

16 (a) Informant: Mrs. Catherine Whichard (Wife)
(b) Address: 3318 E. Lombard St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: May. 29. 1942 (month) (day) (year)
(c) Cemetery or crematory: Robersonville Cem.
Location: Robersonville No. Carolina.

18 (a) Funeral director: HENRY SANDER & SONS, INC. Per H. Sander.
(b) Address: North Ave. & Broadway.

19 (a) (Signature of local registrar) (b) Date received: MAY 29 1942

Huston for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to: Extreme arteriosclerosis of coronary arteries	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Gratacap M.D. Medical Examiner.
Date signed: May 28 1942

F 92595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 92595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Av.,
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo. 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 76yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Talbott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Levina [illegible] Nance

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband [illegible] James (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1866

8. AGE: Years	Months	Days	If less than one day
75 76	6 5	13	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Pierson
13. Birthplace Md.

MOTHER
14. Maiden Name Julie Ann ?
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Av.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Brooklyn Md.

18 (a) Funeral director William M Marack
(b) Address 715 Light St

MAY 29 1942 (Huntington Williams, M.D.)
Date received by registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1942, at 12 [illegible] PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1942, to 5/23 1942, and that I last saw h[illegible] alive on 5/23 1942.

Immediate cause of death — Duration
Cardiac Failure — 2
Due to Hypertension C-V Disease — ?
Due to
Other Conditions Generalized Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Hospital Date signed 5/23/42 M. D.

F 92596 | BALTIMORE CITY HEALTH DEPARTMENT | F 92596 |
CERTIFICATE OF DEATH 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Woodbourne ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME BERNARD SPROESSER GIBSON

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. 218-18-5642

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Rachel Colonia
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	8	5		18

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Insurance agent
11. Industry or business Guardian Life

FATHER
12. Name Ulysses S. Gibson
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Susan King
15. Birthplace Md.

16 (a) Informant Rachel C. Gibson
(b) Address 409 Woodbine ave. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co. Md

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942, to May 27 1942, and that I last saw him alive on May 27 1942.

Immediate cause of death: Uremia — Duration: 8 days
Due to: Hypertensive Cardiovascular Renal disease — Duration: 9 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Maryland Gen. Hosp. Date signed 5/29/42

VS 8

F 92597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92597

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2128 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 W. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna Wehrheim

3 (b) If veteran, name war: no
(c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Phillip Wehrheim
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1852

8. AGE: Years	Months	Days	If less than one day
89	8	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Duties
11. Industry or business

FATHER
12. Name Stephen Martin
13. Birthplace England.

MOTHER
14. Maiden Name Anna Kress
15. Birthplace Germany.

16 (a) Informant Margaret A. Davis
(b) Address 2128 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore City

18 (a) Funeral director Mr. & Mrs. John W. Geufe Son
(b) Address 801 W. Fayette St

19 (a) MAY 29 1942 (Date Registered) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 28 1942 and that I last saw h[illegible] alive on May 27 1942

Immediate cause of death	Duration
(a) Myocarditis	
Due to Hypostatic Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Cake M. D.
Address 1145 N Bath St Date signed

VS 1

Instructions to Registrars: Physicians: please write the causes of death clearly and legibly.

415784

F 92598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 139-a

F 92598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Dorsey

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1921

8. AGE: Years: 21 | Months | Days | If less than one day: hr. min.

9. Birthplace: Pa (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: James Dorsey
13. Birthplace: R C

MOTHER
14. Maiden Name: Lucy Pellerton
15. Birthplace: Va

16 (a) Informant: Records.
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30-42 (month, day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: A A Co Md

18 (a) Funeral director: Hunter Williams
(b) Address: 1515 McElderry St

19 (a) MAY 29 1942 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to May 27 1942 and that I last saw her alive on May 27 1942

Immediate cause of death: Generalized Peritonitis — Duration

Due to

Due to

Other Conditions: Appendicitis-pneumonia

(Include pregnancy within 3 months of death)

Date of operation: 5-27-42

Major findings of operation: Pelvic Abscess

of autopsy: Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Donald Goodwin M. D.

Address: Johns Hopkins Hosp. Date signed: 5/29/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 92593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 2401 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jones 74245

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1905

8. AGE: Years	Months	Days	If less than one day
36	9	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation chauffeur
11. Industry or business

FATHER
12. Name Robert Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Stella Spriggs
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & Co Md

18 (a) Funeral director Robt H Williams
(b) Address 15 15 Mosher St

19 (Date received) MAY 29 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 1:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942, to May 28 1942, and that I last saw h im alive on May 28 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Segregating M. D.
Address Asst Supt of Hospitals Date signed 5/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 92600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1614 E Lombard St (If rural give location)
(d) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Fannie Rosenstein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Abraham
13. Birthplace: Russia

MOTHER
14. Maiden Name: Chana
15. Birthplace: Russia

16 (a) Informant: Harry Rosenstein
(b) Address: 1614 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-29-42 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Harmony Rm
Location

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Balto. St

19 (a) MAY 29 1942 Washington Williams M.D. Registrar
(b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 27 1942, and that I last saw h[illegible] alive on May 27 1942

Immediate cause of death	Duration
Diabetis Mellitus	1939
Chr. Nephritis	1940
Due to Hypertension	1941
Myocarditis	1942
Due to Arteriosclerosis	

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Nicholson M. D.
Address 2230 Eutaw Pl Date signed 5/28/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92601

F 92601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas F. Jenkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Annie Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Charlestown S. C (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Jenkins
13. Birthplace Charlestown S. C.

MOTHER
14. Maiden Name Diana Mitton
15. Birthplace Charlestown S. C

16 (a) Informant Annie Jenkins
(b) Address 1308 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Catonsville Md

18 (a) Funeral director Chas H Alexander
(b) Address 1 [illegible] Mount St

19 (a) MAY 29 1942 (b) Huntington Ave Milwaukee, Wis
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 3 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to May 28 1942 and that I last saw h/ M alive on May 28 1942

Immediate cause of death Cachexia Dehydration — Duration [redacted]

Due to Chronic Adhesive Peritonitis with Intestinal Obstruction

Due to Post Operative Adhesions

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 8, 1942

Major findings of operation Ca above

of autopsy Ca above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Supik M.D.
Address St Josephs Hosp. Date signed 5/28/42

VS 2

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 92602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 Sydney Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Sidney Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Kaline Sr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Margaret Kaline
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) April 17th 1864

8. AGE: Years 78 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Fish Bait

FATHER
12. Name William F. Kaline
13. Birthplace Baltimore Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Margaret Kaline
(b) Address 2203 Sidney Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof May 30th 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location

18 (a) Funeral director E. Schlosman & Son
(b) Address 1039 Hanover St

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams, Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to May 27 1942
and that I last saw h[illegible] alive on May 27 1942

Immediate cause of death
Coronary Thrombosis acute — Duration 3 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schofield M.D.
Address 3[illegible] Annapolis Rd Date signed May 27 1942 M. D.

VS 3

F 92603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-F

F 92603 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 E. 27th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore City
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 334 E. 27th Street
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Offerman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-01-8392

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24th 1886

8. AGE: Years 55 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Clothing Shipper

11. Industry or business Davis & Co.

FATHER
12. Name Frederick C. Offerman
13. Birthplace Germany

MOTHER
14. Maiden Name [illegible] Josephine Kattenhorn
15. Birthplace N.Y.

16 (a) Informant Anna M Offerman
(b) Address 334 E. 27th Street

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 6347 St. Paul Huntington Williamsport, Md.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1942, to May 27, 1942, and that I last saw him alive on May 27, 1942.

Immediate cause of death	Duration
Acute Myocarditis	19 days.
Due to Acute rheumatic arthritis	14 days.
Due to Unknown.	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature Frank M. Golden M. D.
Address 2701 N. Calvert St. Date signed May 27 1942

VS 3

F 92694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Primrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 609 Primrose Ave. (If outside city or town limits, write RURAL and give town)
(d) Ward No. Baltimore (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Buckley

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Daniel Forsyth Buckley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th 1868

8. AGE: Years	Months	Days	If less than one day
73	10	21	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Foley
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Charles Buckley
(b) Address 935 Brunswick St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

MAY 29 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 11 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Arteriosclerotic cardio-
Due to Vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: [redacted]

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 28 1942

VS 6

F 92605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

Registered No. F 92605

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Home for Incurables
(b) Street address 700 W. 40th St
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Holzer

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick A Holzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3. 1864

8. AGE: Years	Months	Days	If less than one day
77	10	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Home

FATHER
12. Name Henry Finnell
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Ritzell
15. Birthplace Germany

16 (a) Informant Ernest Baechtel
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address MAY 29 1942 St. Paul St
Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1942, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to May 26 1942, and that I last saw h.er alive on May 25 1942.

	Duration
Immediate cause of death: Congestive Heart Failure (Chronic)	2 years
Due to: Arteriosclerotic Cardio Vascular Disease	Since 1939
Due to:	
Other Conditions: Arthritis deformans (Knees & Fingers)	About 1930

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad W.M.D.
Address 11 E. Chase St. Baltimore MD Date signed 5/26/42

VS 8

F 92606 BALTIMORE CITY HEALTH DEPARTMENT F 92606

CERTIFICATE OF DEATH 1124-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 N Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert John Anderson

3 (b) If veteran, name war

(c) Social Security Account No. 215-09-5728

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowered

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19th 1892

8. AGE: Years	Months	Days	If less than one day
49	11	9	hr. min.

9. Birthplace N. J. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Jacob Anderson
13. Birthplace N. J.

MOTHER
14. Maiden Name Annie Preston
15. Birthplace N. J.

16 (a) Informant Mrs Josephine C Rodaway
(b) Address 3200 Loch Raven Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Lagon
(b) Address 1701-03 N Patt Park Ave

19 (a) (b) Huntington Williams Registrar
MAY 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 12 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Ruptured esophageal Varix
Due to Cirrhosis of liver
Due to Extreme fatty infiltration of liver
Other Conditions

Duration
00

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed May 28 1942

Physicians: please write the causes of death clearly and legibly. Especially important. Be sure to answer all questions. Information should be carefully supplied.

F 92607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92607 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Callow ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Callow ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Pol

3 (a) FULL NAME Louis M. Rosen

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of ~~husband~~ wife Kate
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1-15-1874

8. AGE: Years	Months	Days	If less than one day
68	4	13	____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re Merchant
11. Industry or business

FATHER 12. Name Paul Rosen
FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Mary
MOTHER 15. Birthplace Russia

16 (a) Informant Joseph H. Shuster
(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Bnai Israel
Location Southern ave

18 (a) Funeral director Jack Lowy Inc
(b) Address 459 E. Baltimore, Md

19 (a) MAY 30 1942 (b) Huntington Williams, M.D. Registrar
MAY 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/42 19 , at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942 to 5/28 1942 and that I last saw him alive on Feb 3 1942.

Immediate cause of death Myocardial failure

Due to Chronic Myocarditis

Due to Arterio sclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Levin M.D.
Address 123 St Paul St Date signed 5/29/42

Howard J. Madeira M.D.

F 92608 × F 92608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-A Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3-15
(e) Length of stay in Baltimore (yrs., mos., or days) 8-3-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Richard Hilliard Moran

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1871

8. AGE: Years	Months	Days	If less than one day
70	7	7	hr. min.

9. Birthplace Philadelphia Pa. (Town, county, and state)
10. Usual Occupation Priest
11. Industry or business

FATHER
12. Name Michael Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Doran
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-29-42 (month) (day) (year)
(c) Cemetery or crematory
Location Philadelphia Pa

18 (a) Funeral director ~~STEWART & MOWEN COMPANY~~
(b) Address ~~(R. F. HOOKER SUC.) 108 W. NORTH AVENUE~~

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1942 at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 41 to May 28 19 42, and that I last saw him alive on May 22 19 42.

Immediate cause of death	Duration
Coronary Occlusion	7 yrs
Due to Coronary Sclerosis & Advanced Arteriosclerosis	
Due to	
Other Conditions Involutional Melancholia & Senile Deterioration	8 yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. C. O'Malley M.D.
Address 6420 Reisterstown Rd signed 5-29-42

VS 2

Dr. Laforest 922 N. Bond St

F 92609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 92609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 McDonough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Mc Donald St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Wise

3 (b) If veteran, name war: Non
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 7 - 1865
8. AGE: Years 77 | Months 9 | Days 8 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Boston
13. Birthplace md

MOTHER
14. Maiden Name Nettie Griffin
15. Birthplace md

16 (a) Informant William Hall
(b) Address 1932 E. Chase St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. B. Co
18 (a) Funeral director Rayner Sanders
(b) Address 1213 E. Preston St
19 (a) MAY 29 1942 (Date received by registrar) Washington Hill, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 11:05 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942, to May 25 1942, and that I last saw h alive on May 25 1942.

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to Hypertension in Renal Failure
Due to Myocardial Degeneration
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Albert R. Lafond M. D.
Address 822 N. Bond St Date signed 5/27/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-E

Registered F 92610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1831 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILFORD JENKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1867

8. AGE: Years	Months	Days	If less than one day
75	3	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Richard Jenkins
13. Birthplace Md

MOTHER 14. Maiden Name Linda Jenkins
15. Birthplace Md

16 (a) Informant Lillie Garnett
(b) Address 8237 E. Bond St

17 (a) Burial (b) Date thereof 5-31-42 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & O.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) [illegible] Huntington Registrar
MAY 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Jump from high place (Mercy Baltimore Hospital)	
Due to (b) Senile dementia arteriosclerosis	
Due to (c)	
Other Conditions Contusions, multiple of trunk and extremities	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operations:

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-27-42 at 7a M
(c) Where did injury occur? Baltimore City Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Jumped (Specify home, farm, etc.) While at work? no
(e) Means of injury Jumped out of window

23. Signature T. J. Williams Jr. M.D. Medical Examiner

Date signed 5-27-42

F 92611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 92611 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 235 Albemarle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 Albemarle St.
(If rural give location)
3 Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Maria Assunta Cozzi.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~xxxx~~ late Vincenzo Cozzi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28 1862

8. AGE: Years	Months	Days	If less than one day
79	6	28	hs. min.

9. Birthplace Castellalto Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Ippolito Ippoliti
13. Birthplace Italy

MOTHER
14. Maiden Name Giacinta Ricci
15. Birthplace Italy

16 (a) Informant Antonio Cozzi (Son)
(b) Address 1239 N. Broadway

17 (a) Burial (b) Date thereof May 30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 MAY 29 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1942, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1942 to May 26 1942, and that I last saw h 9r alive on May 26, 1942.

Immediate cause of death	Duration
Acute Myocardial Failure	5 hours
Due to Chronic Myocarditis Arteriosclerosis	Unknown Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philibert Artigues M. D.
Address 2942 E. Fayette St. Date signed 5/26/42

VE 8

92612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 S. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY JOHN HENKUS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-2615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 28. 1879

8. AGE: Years	Months	Days	If less than one day
62	8	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation tabulating operator
11. Industry or business Standard Dyes Co

FATHER
12. Name Henry J. Henkus
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary C. Gridmyer
15. Birthplace Baltimore Md

16 (a) Informant Mary V. Henkus
(b) Address 35 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Thos J Kenny
(b) Address Hollins & Gilmor

19 MAY 29 1942 (Date rec'd by registrar) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1942 at 7.23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1942 to 5/27 1942 and that I last saw h[illegible] alive on 5/27 1942

Immediate cause of death Intercerebral Hemorrhage — Duration —

Due to Hypertensive Cardio-Vascular Disease — Duration 3 hr

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Harris Loeb Jr. M.D.
Address University Hospital Date signed 5/29/42

Howard J. Morris M.D.

VS 3

Note: Physicians, with UNFAILING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-B

F 92613

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 817 Hollins St
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Annie Getchy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1870

8. AGE: Years 72. Months 2. Days 12. If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation housework

11. Industry or business at home.

FATHER
12. Name John Getchy
13. Birthplace Baltimore

MOTHER
14. Maiden Name Susan Stefleine
15. Birthplace Germany

16 (a) Informant Mr. William F. Getchy
(b) Address 311 Murdock Rd.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/30/1942 (mo.) (day) (yr.)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Hollins St.

19 MAY 29 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 11 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 28 1942, and that I last saw her alive on May 28 1942.

Immediate cause (a) Intestinal obstruction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifton Rossberg M.D.
Address St. Agnes Hosp. Date signed 5/29/42

VS 1

F 92614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 92614

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St Lunatic Asylum

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) No. 1706 East 20 St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Isabella Essex Smith

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 705 - 09 - 1480

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years: 65 11 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: clerk - B & O R. R.

11. Industry or business

FATHER

12. Name: John Smith

13. Birthplace: unknown

MOTHER

14. Maiden Name: Mary Essex

15. Birthplace: unknown

16 (a) Informant: hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/30/42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cemetery

Location: Frederick Rd., Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons

(b) Address: North & Pa. Aves.

19 (a) MAY 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1942; at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/28 1942, to 5/28 1942 and that I last saw h[illegible] alive on 5/28 1942

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension Cardio-Vasc. disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration: 6 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: William A. Tompkins, M.D.

Address: Md. General Hosp. Date signed: 5/29/42

VS 3

F 92615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-2

F 92615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 E. 34th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 E. 34th St. (If rural give location)
43
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY EDWARD MUHLY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	225-05-5275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Riggs, Distler & Co.

FATHER
12. Name Christian Muhley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Bauer.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. H. E. Muhly - wife
(b) Address 725 E. 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location 2809 Grindon Ave.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North and Pa. Aves., Balto., Md.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 - 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to 5/28 1942 and that I last saw deceased alive on 5/27 1942.

Immediate cause of death	Duration
Carcinoma of bronchus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Sept 12, 1941.
Major findings of operation: Malignant tumor of bronchus.
Findings of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul H. Clough M. D.
Address 24 E. Eager St. Date signed 5/28/42

F 92616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 92616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Charles Street
(c) Hospital or institution:
South Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 W. Conkling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Adolph Wager

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	6	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired Pharmacist
11. Industry or business own

FATHER
12. Name Gottfried Wager
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Boehmele
15. Birthplace Germany

16 (a) Informant Mrs. J. A. Wager, wife
(b) Address 501 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore & Gay Sts., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North Ave. & Pa. Aves., Balto., Md.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 7 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1942 to May 27 1942 and that I last saw h[illegible] alive on May 27 1942

Immediate cause of death: Cardiac failure — Duration: 7 hrs.
Due to: Myocardial infarct
Due to: Gen. Arteriosclerosis
Other Conditions: multiple abscesses of left kidney.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Hatcher, M.D.
Address South Balto. Hosp. Date signed 5/29/42

VS 3

F 92617 37037 BALTIMORE CITY HEALTH DEPARTMENT F 92617

CERTIFICATE OF DEATH 94-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Somerset Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Somerset Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George William Wagner Jr.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Charlotte F. Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 28, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	0	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Baker (retired)
11. Industry or business: employed by self

FATHER
12. Name: George Wm. Wagner
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dorothea Tegler
15. Birthplace: Germany

16 (a) Informant: Mrs. Charlotte Wagner, wife
(b) Address: 602 Somerset Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Mausoleum
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North Ave. & Pa. Ave., Baltimore, Md.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 28 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 24 1942, to MAY 28 1942, and that I last saw h/ alive on MAY 28 1942.

Immediate cause of death	Duration
Coronary Occlusion	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Hoffman M. D.
Address 8 East Read St. Date signed 5/30/42 M. D.

VS 3

Please write clearly and legibly. The accuracy of this certificate is important. Physicians: please write the causes of death clearly and legibly.

F 92618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 92618

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET JULIET CREBBS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edgar F. Crebbs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1866

8. AGE: Years	Months	Days	If less than one day
75	6	16	hr. min.

9. Birthplace Frederick County, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Louis Gitlinger
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Virginia Myers
15. Birthplace Frederick Co., Md.

16 (a) Informant Mr. Edgar F. Crebbs, husband
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Frederick, Md.
Location (Removal to Frederick, Md ky)

18 (a) Funeral director A. Hart Etchison
(b) Address 106 E. Church St., Frederick, Md.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to 19, and that I last saw h alive on May 29 19 42

Immediate cause of death — Duration
Anemia - Arteriosclerosis
Due to Chronic Lymphatic Leukemia
Due to Secondary anemia.
Other Conditions Chronic Arthritis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Nathan E. Needle
Address 231 - W. North St. Date signed 5/29/42

VS 3

F 92619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Rudent St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Green Poynter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-42

8. AGE: Years	Months	Days	If less than one day
		22	hr. min.

9. Birthplace Annapolis, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Anna Painter
15. Birthplace Annapolis, Md

16 (a) Informant Mrs. Anna Green
(b) Address Annapolis, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942, to May 25 1942, and that I last saw him alive on May 25 1942

Immediate cause of death	Duration
Acute Hemorrhagic Disease of Newborn	18 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackley M.D.
Address Provident Hosp Date signed 5/26/42

VS 3

9132

F 92620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 92620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Keswick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NONE	219-01-8173	MALE	WHITE	MARRIED

6 (b) Name of husband or wife HELEN M. EVANS
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1866

8. AGE: Years	Months	Days	If less than one day
75	8	29	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation RETIRED STEREOTYPER
11. Industry or business NEWSPAPER.

FATHER
12. Name William J. Evans.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Willson.
15. Birthplace Baltimore, Md.

16 (a) Informant MRS. HELEN M. EVANS
(b) Address 4402 Keswick Rd.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/ (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director C. Vernon Zimmerman.
(b) Address 4611 Park Heights Ave.

19 (d) MAY 29 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to May 27 1942, and that I last saw him alive on May 27 1942.

Immediate cause of death Lobar Pneumonia
Due to Bronchial Malignancy with generalized Carcinomatosis

Duration

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 1, 1942
(c) Where did injury occur? Balto. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell on steps.

23. Signature William A. Templeton, M.D.
Address Md. General Hosp. Date signed May 27/42

VS 3

Hugh B. McNally, M. Operating Dresser

F 92621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4659 Park Heights Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4659 Park Heights Ave., (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine Jamison.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single,

6 (b) Name of husband or wife: ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1860

8. AGE: Years 82 | Months 4 | Days 10 | If less than one day: hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual Occupation Supt. Ref. Dept.

11. Industry or business Enoch Pratt Library

FATHER
12. Name Dr. William Douglas Jamison
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eleanor Croxall,
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Cecelia C. Jamison,
(b) Address 4659 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral,
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4659 Park Heights Ave.

19 (a) MAY 29 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 28, 1942 19 2.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941, to May 27 1942 and that I last saw H[illegible] alive on May 27 1942

Immediate cause of death Cardiac Failure — Duration: Minutes

Due to Hypertension Cardiovascular Disease — Duration: Many years

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. R. Gordon M.D.

Address 2923 St. Paul St. Date signed 5/ M. D. /42

VS 3

F 92622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 92622

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo.15da.
(e) Length of stay in Baltimore (yrs., mos., or days) 6mo.15da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County Philadelphia
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 Bambridge Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME FERNANDO ARTEAGA

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1885

8. AGE: Years 57 | Months 0 | Days 23 | If less than one day: hr. min.

9. Birthplace SPAIN (Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business

FATHER
12. Name John Arteaga
13. Birthplace Spain

MOTHER
14. Maiden Name Mary (unknown)
15. Birthplace Spain

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Philadelphia
Location Penna

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 MAY 29 1942 (b) Huntington Williams M.D.
Registered by registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942, at 3:15a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13, 1941 to May 28, 1942, and that I last saw him alive on May 28, 1942.

Immediate cause of death: Cachexia and inanition — Duration: 2 mo.

Due to Subcutaneous carcinoma and carcinoma in rt. lung, primary undetermined — Duration: 10 mo.

Due to

Other Conditions Thrombosis of lt. iliac vein — (autopsy)
(Include pregnancy within 3 months of death)

Date of operation 11/24/41

Major findings of operation: Enucleation of lipoma and axillary dissection

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 5/29/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63

Registered No. 92623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Stamford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Stamford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Virginia Routson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry A. Routson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1881

8. AGE: Years 60 | Months 9 | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Edward Zachary Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Christine Evans
15. Birthplace Md.

16 (a) Informant Mrs. Evelyn V. Wills
(b) Address 624 Stamford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Fortune & Son
(b) Address 47 W. Chase St

19 MAY 29 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1931 to May 29 1942 and that I last saw h.er alive on May 28 1942

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Sudden
Years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Hoffman M.D.
Address 8 East Read St Date signed May 29 1942 M. D.

VS 8

Certain data is especially important. Physicians: please write the causes of death clearly and legibly.

F 92624

BALTIMORE CITY HEALTH DEPARTMENT × F 92624
CERTIFICATE OF DEATH 46-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Takoma Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Carroll Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederic B. Asker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-98

8. AGE: Years	Months	Days	If less than one day
44	2	22	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business

FATHER
12. Name William Asker
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Burt
15. Birthplace N.Y.

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Rochester, N.Y.

18 (a) Funeral director J. Arthur Walters
(b) Address 254 Boswell Ave. Takoma Pk.

19 (a) MAY 29 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19, 1942 to May 29 1942 and that I last saw him alive on May 29 1942.

Immediate cause of death General debility — Duration

Due to Carcinoma of the rectum & metastases — 3-4 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William E. Gordinier, M.D.
Address Johns Hopkins Hospital Date signed 5-29-42

Physicians: please write the causes of death clearly and legibly.

92625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 92625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Angeline L Custer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 1886

8. AGE: Years	Months	Days	If less than one day
55	9	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name John Ridge
13. Birthplace Md

MOTHER
14. Maiden Name Ludonicka Miller
15. Birthplace Md

16 (a) Informant Walter Custer
(b) Address 1505 William st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director J. William Mareck
(b) Address 715 Light St

19 (a) MAY 29 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1942 to 5/29 1942 and that I last saw h[illegible] alive on 5/29 1942.

Immediate cause of death: Coronary occlusion — Duration 5/29/42
Due to: Hypertension
Due to:
Other Conditions: Arteriosclerosis Cholelithiasis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Kahn
Address 102 E. Fort Ave Date signed 5/31/42 M. D.

92626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. E 92626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or Town Aero Acres, Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Fuselage Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey O'Leary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 - 40

8. AGE: Years 2 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank O'Leary
13. Birthplace Iowa

MOTHER
14. Maiden Name Maxine Holy
15. Birthplace Md.

16 (a) Informant Parents
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Berman Hill Rd.

18 (a) Funeral director Thos. G. Connelly
(b) Address Edgewood Md.

19 (Date rec'd by registrar) MAY 29 1942 (b) Huntington Williamsport Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection and viewing (Autopsy or Inquiry) thereon and from the evidence obtained by said inspection and viewing (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull
Due to: struck by auto
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 27 1942 at M
(c) Where did injury occur? 1306 Fuselage Ave Balto Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in front of home While at work? No
(Specify type of place)
(e) Means of injury Struck by automobile

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 28 1942

W 4962838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 92627
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wildwood Beach Rt. 13
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Barthlow

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9197

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Martha

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 5-18-85

8. AGE: Years	Months	Days	If less than one day
57	0	11	hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name WM Barthlow
13. Birthplace Md

MOTHER
14. Maiden Name Eliz Moore
15. Birthplace W. Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 (month) (day) 1st (year)
(c) Cemetery or crematory Rest Haven
Location Hagerstown

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. City

19 MAY 29 1942 (Date received by local registrar) Huntington Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 29 1942 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 26 1942 to MAY 29 1942 and that I last saw h[illegible] alive on MAY 29 1942

Immediate cause of death
(a) P.O. Bladder Hemorrhage.
Pulmonary embolism?
Due to Bladder Tumor
Ben'l anterior adenoma.
Due to

Other Conditions
Suprapubic Cystotomy.
(Include pregnancy within 3 months of death)
Date of operation 5/29/42
Major findings of operation:

of autopsy: Yes

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place.)
(e) Means of injury

23. Signature J. E. Harries M.D.
Address Johns Hopkins Hosp Date signed 5/29/42

VS 8

92628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92628
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 FRED. AVE (RFD 5)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ MO.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County CULPEPPER
(c) City or town CULPEPPER (If outside city or town limits, write RURAL and give town)
(d) Street No. None CULPEPPER #1 (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. DELPHO C PULLEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 86 | Months | Days | If less than one day hr. min.

9. Birthplace RAPPAHANNOCK CO. VA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN BOLDEN
13. Birthplace RAPPAHANNOCK CO. VA

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant O. H. Pullen (son)
(b) Address 2315 Fred. Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/29/42 (month) (day) (year)

(c) Cemetery or crematory Culpeper, Va.
Location

18 (a) Funeral director Tolson Conway & Son
(b) Address 9th & Collins St.

19 MAY 29 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1942 to 5/29 1942, and that I last saw h[illegible] alive on 5/29 1942

Immediate cause of death: Gangrene of Foot — Duration: 3 wks
Due to: Arteriosclerosis — Duration: 3 years
Due to: Old age — Duration:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel L. Shanaberger M. D.
Address 1945 W. Baltimore Date signed 5/29/42

VS 3

F 92564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 92629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3205 Ravenwood Ave. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard A Wills

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 11-8-77

8. AGE: Years	Months	Days	If less than one day
64	6	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Broommaker
11. Industry or business Retired

FATHER
12. Name Peter A Wills
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Phillips
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wendell C Humphreys
(b) Address 1501 N Broadway

MAY 29 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1942, to May 27 1942, and that I last saw him alive on May 27 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Carcinoma prostate	
metastatic + generalized	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hopkins
Address Johns Hopkins Hospital Date signed 5-28-42

VS 3

Please write as expeditiously as possible. Physicians: please write the causes of death clearly and legibly.

92630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 92630 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Antone Franckewitz

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Franckewitz

6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Not known

8. AGE: Years: About 72? Months: Days: If less than one day: hr. min.

9. Birthplace: Lithuanian (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: not known
13. Birthplace: Lithuanian

MOTHER
14. Maiden Name: not known
15. Birthplace: Lithuanian

16 (a) Informant: Mrs Anna Franckewitz
(b) Address: 1718 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30 · 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: John A. Zyglewicz Jr.
(b) Address: 423 S. Paca St.

19 (a) MAY 29 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to May 28 1942 and that I last saw deceased alive on May 20 1942.

Immediate cause of death: Carcinoma of stomach — Duration: 7 yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Calas

Address: 47 Fulton Date signed: 5/29/42

VS 3

92631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. E 92631

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922. Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits write RURAL and give town)
(d) Street No. 1922. Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna R. Mackey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White.	widow

6 (b) Name of husband or wife Peter H. Mackey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4. 1880

8. AGE: Years	Months	Days	If less than one day
62	3	23	hr. min.

9. Birthplace Church Hill. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James H. Hilton
13. Birthplace Church Hill. Md

MOTHER
14. Maiden Name Emley C. Clanahan
15. Birthplace Church Hill Md

16 (a) Informant Joseph E. Mackey
(b) Address 1922. Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill. Cem.
Location Randolph. Md.

18 (a) Funeral director Dudell Shepard
(b) Address 312 S. Highland Ave Washington Boulevard, MF

19 MAY 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to May 27 1942 and that I last saw h. alive on May 27 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage -	2 days
Arterial Hypertension	
Due Chronic Nephritis	
Due to Chronic Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lofting M. D.
Address 432 S. Patterson Pk Date signed 5/28/42

VS 3

92632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92632

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1hr. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Knowles (Birth F 49938)

(a) Residence: No. 788 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5.29.42

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Duncan Knowles

14. BIRTHPLACE (city or town) (State or country) Charlotte, N.C.

MOTHER

15. MAIDEN NAME Edna Mae Stallings

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Rawlings, MC Date May 31, 19 42

19. UNDERTAKER Raff & Chesley

(Address) Raff & Chesley

20. MAY 30 1942 Huntington Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.29.42, 19

22. I HEREBY CERTIFY, That I attended deceased from 5.29.42, to 5.29.42, 19

I last saw him alive on 5.29.42, 19 Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Prematurity	
(Micro-Colpsis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Lawrason M. D.

(Address) 629 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

VS 9

92633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M E 92633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 East Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2 East Biddle St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Brady

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 72-09-8181

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Melba Brady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24th 1881

8. AGE: Years 60 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Crown Cork & Seal Co

FATHER 12. Name (Unknown) Brady

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Melba Brady

(b) Address 2 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St

19 (a) MAY 30 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 8 99 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Asphyxiation

Due to Illuminating gas poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 28 1942 at 7 35 A M
(c) Where did injury occur? 2 E. Biddle St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury illuminating gas.

23. Signature Asbury Lee Gladden M.D. Medical Examiner.

Date signed May 28 1942

VS 6

Physicians: please write the causes of death clearly and legibly. Accuracy important.

92634

E.S. (

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 92634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 2 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Council

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1859

8. AGE: Years	Months	Days	If less than one day
82	11	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Lab.
11. Industry or business

FATHER
12. Name James Council
13. Birthplace Virginia

MOTHER
14. Maiden Name Karin Butler
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
Address 1217 St. Paul St

19 (a) MAY 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1942, at 12 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1942 to 5-28 1942 and that I last saw him alive on 5-27 1942

Immediate cause of death (21 Carcinoma of stomach) — Duration 21 hrs.

Due to

Due to

Other Conditions Generalized Carcinomatosis (21

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Huntington M.D.
Address Balt. City Hosp. Date signed 5-28-42

VS 3

92635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 92635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3341 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Ward No. 57 3341 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Kendall

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NNE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23rd 1883

8. AGE: Years	Months	Days	If less than one day
59	3	5	hr. min.

9. Birthplace Queen Annes Co. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

MOTHER / FATHER
12. Name Joseph Kendall
13. Birthplace Del
14. Maiden Name Elizabeth Kast
15. Birthplace Queen Annes Co. Md

16 (a) Informant Marcretta Packer
(b) Address 3341 Windsor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook Inc
Address 1317 St. Paul St
19 (a) (Date rec'd by registrar) MAY 30 1942 (b) Huntington Williams, M.D. (Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1942, at 8:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1941 to 5/28 1942 and that I last saw h[illegible] alive on 3/5 1942.

Immediate cause of death: Myocardial insufficiency — Interval: 4 hrs

Due to: Chronic myocarditis — Interval: ?

Due to: Hypertension — Interval: ?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roberta A. Reitz
Address 3408 Windsor Ave Date signed 5/29/42 M.D.

92636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - A Registered No.

F 92636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4612 Belair Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4612 Belair Rd
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (d) FULL NAME John Goggins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1872

8. AGE: Years	Months	Days	If less than one day
70	2	0	hr. min.

9. Birthplace Phila, Pa.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Clerk

FATHER
12. Name William Goggins
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Murphy
15. Birthplace Ireland

16 (a) Informant Minnie Meyers
(b) Address 4612 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1727 St Paul St

19 MAY 30 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1942, at 3:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941, to May 28 1942 and that I last saw h alive on May 28 1942

Immediate cause of death	Duration
A.C. Cardiac Dilatation	4 hours
Due to Ch. Myocarditis	
Due to	
Other Conditions Ch. Nephritis Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —
(Specify type of place)
While at work? —
(e) Means of injury —

23. Signature J S Harding M. D.
Address 4810 Belair Rd Date signed 5/29/42

W 92637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

Registered No. E 92637

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos. or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Hammond Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Woodward

3 (b) If veteran, name war: W

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1898

8. Age: Years	Months	Days	If less than one day
50 ##	4	27/6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, state or country)

10. Usual Occupation Employee of Bethlehem Steel

11. Industry or business

FATHER
12. Name John Woodward
13. Birthplace Washington, DC

MOTHER
14. Maiden Name Mabel Knight
15. Birthplace Washington, DC

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/30/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm. Casey Cook Inc.
(b) Address 1307 St. Paul St.

19 MAY 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 28 1942 and that I last saw him alive on May 28, 1942

Immediate cause of death: Respiratory failure

Due to Cerebrovascular accident.

Due to Malignant hypertension

Other Conditions: Uremia, Arteriosclerosis, Prostatism, Benign hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Edmunds Foster M. D.
Address Church Home & Infirmary Date signed 5/29/42

92638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 92638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 Arunah Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie M. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NV	NKF	F	W	Widowed

6 (b) Name of husband Samuel J. Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 25th 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	2	3		

9. Birthplace Maryland (Huntingtown) (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Benjamin Franklin Harrison
13. Birthplace Md

MOTHER
14. Maiden Name Cornelia Harrison
15. Birthplace Md.

16 (a) Informant Richard S Jones
(b) Address 2548 Arunah Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery Mt Calvary M.E. Church
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 MAY 30 19 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29-42 19 at 1120 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14-42 19 to 5-29-42 19, and that I last saw her alive on 5-29-42 19

Immediate cause of death	Duration
Cardiac failure	
Due to Cerebral Vascular accident	
Due to	
Other Conditions Intestinal obstruction	
Cause unknown	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight P. Brinkshank III M. D.
Address Union Memorial Hosp Date signed 5-30-42

VS 3

92639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N Payson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 526 N Payson st
(If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen A Sparenberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Francis M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1888

8. AGE: Years	Months	Days	If less than one day
53	8	23	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Rohrbaugh
13. Birthplace Penna

MOTHER
14. Maiden Name Sarah Abbott
15. Birthplace Maryland

16 (a) Informant Francis M Sparenberg
(b) Address 526 N Payson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Gorsuch Fawley
(b) Address Fallstown & Forest Hill

19 (a) MAY 30 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20/42 19 to 5/28/42 19 , and that I last saw h.er alive on 5/27/42 19

Immediate cause of death

	Duration
Acute cardiac dilatation	2 days
Due to Chronic myocarditis	
Due to Hypertension with diabetes mellitus	6 yrs
Other Conditions chlorophilia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address 4 N. Paeton Date signed 5/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

92640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 92640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2614 Francis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 Francis St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter FISHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1892

8. AGE: Years	Months	Days	If less than one day
50	0	8	hr. min.

9. Birthplace Westminster
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown Fisher
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Elizabeth - unknown
15. Birthplace Pa.

16 (a) Informant Mrs. Bessie Rogers, cousin
(b) Address 2140 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Ave., Balto.

19 (Date rec'd by registrar) MAY 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 42 at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 42 to May 19 42 and that I last saw h[illegible] alive on May 27 19 42.

Immediate cause of death Heart failure — Duration 1 years —

Due to Rheumatic Heart Disease — Duration 7 years —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar A. Miller
Address 216 W. Pratt St Date signed May 30/42

VS 2

F 92641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 92641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2723 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET C. GEISSBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William C. Geissberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Charles W. Martin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Cecelia
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. W. C. Geissberger, husband
(b) Address 2723 Pennsylvania Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/ /42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Hampden
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.

19 (a) MAY 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to May 28 1942, and that I last saw h[illegible] alive on May 28 1942

Immediate cause of death	Duration
Chr. Myocarditis	1938
Due to	
Due to Chr. Pancreatitis with cephalitis.	1938
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Geissberger M.D.
Address 1663 N. Main St. Date signed 5/29/42

VS 3

correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

F 92642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 92642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 S. Dekes ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 S. Dekes Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maryanna Rozanski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Stephen Rozanski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56.			hr. min.

9. Birthplace Indianna. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER
12. Name Thomas Jackowiak
13. Birthplace Poland

MOTHER
14. Maiden Name Tafaleka
15. Birthplace Poland

16 (a) Informant Stephen Rozanski
(b) Address 823 S. Dekes ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazenski
(b) Address 1116 Eastern Ave

19 (a) MAY 30 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942, at 245 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1942, to May 28 1942 and that I last saw h[illegible] alive on May 26 1942.

Immediate cause of death
Arteriosclerotic C.V. Disease
Coronary Thrombosis
Due to Complete Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Apr 15/42
May 28/42

Date of operation None.
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed Schmierek M. D.
Address 872 S. East Ave Date signed 5-29-42

VS 3

Please write as legibly as possible. Physicians: please write the causes of death clearly and legibly.

92643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 92643 Registered No.

Please answer questions as completely as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Woodlea Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Woodlea Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3rd

3 (a) FULL NAME MARY A. BENNER

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Albert. J. Benner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1852

8. AGE: Years	Months	Days	If less than one day
90	4	2	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hiram Brownley
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Zerwick
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Louisa G. Mitchell
(b) Address 4015 Woodlea Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 30 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1942 9:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to May 28 1942, and that I last saw her alive on May 27 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	1 week
Due to hypertension	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Lanahan M. D.
Address 4200 Parkwood Ave Date signed 5-29-42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 92644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont Aves.
(c) Hospital or institution: Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give name of township)
(d) Street No. 5 General Lyman Diggs Blvd. Bloomberg Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Willung.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Sgt. J.C. Willung
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 18, 1897
8. AGE: Years 44 | Months 11 | Days 12 | If less than one day hr. min.
9. Birthplace Eastern Shore, Maryland (Town, county, and state)
10. Usual Occupation Housemother.
11. Industry or business

FATHER
12. Name Charles Lankford
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Georgia Wingate
15. Birthplace Eastern Shore Md.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1942 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Wicomico Co Md

18 (a) Funeral director C. J. Messick
(b) Address Berlin Md

MAY 30 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942; at 12 [illegible] PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1942 to May 30 1942 and that I last saw her alive on May 29 1942.

Immediate cause of death: Respiratory failure
Due to Subarachnoid Hemorrhage.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Nelson M. D.
Address Church Home & Infm. Date signed 5/30/42

VS 1

Every item of information should be carefully supplied. Especially correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR 92645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 92645 Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. Items must be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 881 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 881 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Horner

3 (b) If veteran, name war —

(c) Social Security Account No. 205-01-9305

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie Queen
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 1, 1892

8. AGE: Years	Months	Days	If less than one day
50	1	27	hr. min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Schlein

FATHER
12. Name Abraham Horner
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Minnie Horner
(b) Address 881 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (month) 1 (day) 42 (year)
(c) Cemetery or crematory Baltimore Hall.
Location Frederick Ave.

18 (a) Funeral director John J. Condon & Son
(b) Address 901 Hollins St.

19 MAY 30 1942 Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1942 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 - 1942 to May 28 - 1942 and that I last saw him alive on May 27 - 1942.

Immediate cause of death	Duration
Carcinoma of Liver ?	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1942
Major findings of operation: Carcinoma of Liver
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reuben Rothwood M. D.
Address 910 W. Lanvale St Date signed 5-29-42

VS 3

92646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. E 92646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Lehigh Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FULTON T. NELSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 549-22-9958

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of ~~husband~~ or wife Adelaide (Silver)

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Oct. 12 - 1912

8. AGE: Years	Months	Days	If less than one day
29	7	17	____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business Eastern Rolling Mills

FATHER
12. Name Samuel Nelson
13. Birthplace Va.

MOTHER
14. Maiden Name Hilda Lewis
15. Birthplace Va.

16 (a) Informant Mrs. Adelaide Nelson
(b) Address 314 Lehigh St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 30-42 (month) (day) (year)

(c) Cemetery or crematory Arsenwoman
Location Virginia

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Essex

MAY 30 1942 (Date rec'd by registrar)

19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 2 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fat embolism — Duration

Due to: Fracture, compound both tibia & fibula

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 22, 1942 at 12 30 M
(c) Where did injury occur? Rolling Mill Rd (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury struck by unknown Car

23. Signature H T Wollenweber M.D.
Asst. Medical Examiner.

Date signed 5-29-42

VS 4

E 92647 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

152

Registered No. E 92647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: St Agnes Hospital 2 681

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19da
(e) Length of stay in Baltimore (yrs., mos., or days) 19da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince Geo
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 Compton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George Gable

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-8878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Nora A.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July - 11 - 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	10	18		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Manufacturing Agent
11. Industry or business Lung Sanitarium

FATHER
12. Name Fred Gable
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Cynthia Arnold
15. Birthplace Maryland

16 (a) Informant Mrs Nora A. Gable
(b) Address 335 Compton Ave Laurel Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Laurel Md.

18 (a) Funeral director Lloyd Tolley
(b) Address Laurel Md.

19 MAY 30 1942 Huntington Williams MD
(Date rec'd by Registrar) (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to May 29 1942 and that I last saw h[illegible] alive on May 29 1942

Immediate cause of death Septicaemia — Duration

Due to Cellulitis of neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowberg
Address St. Agnes Hosp. Date signed 5-29-42

F 92648

Baralt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149B

F 92648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: 26-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 S Drew Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Florence Baralt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Manuel M. Baralt
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Ponce - Puerto Rico
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER 12. Name Antonio Anilichini
13. Birthplace Porto Rico

MOTHER 14. Maiden Name Juanita Roig
15. Birthplace Porto Rico

16 (a) Informant Mr. Manuel Baralt
(b) Address 434 S. Drew St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/42 (month) (day) (year)
(c) Cemetery or crematory
Location Ponce, Porto Rico

18 (a) Funeral director Harry H. Fritzke
(b) Address 4401 Edmondson Ave

19 (a) Date received by registrar MAY 31 1942 (b) Registrar's signature THOMPSON JOHNS

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1941, to May 30 1942, and that I last saw h[illegible] alive on May 30 1942.

Immediate cause of death: Acute Abdominal Infection Pyelonephritis

	Duration
Due to	
Due to	over
Other Conditions Pregnancy-Labor	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Date signed 5/ M.
Address Med. Arts Bldg.

F 92649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C

F 92649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 7 6 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1809 Forest View Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Ackerman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-6574

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Ackerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name John Ackerman
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mercy Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2nd 38 (month) (day) (year)
(c) Cemetery or crematory Druhamel
Location Balto. City

18 (a) Funeral director Isaac Ashman Funeral Home
(b) Address 7401 Belair Rd.

19 Huntington Williams, M.D. (Date received by registrar) Registrar

MAY 31 1938

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1938 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1938 to May 30 1938 and that I last saw h[illegible] alive on May 30 1938

Immediate cause of death Coronary Heart Failure — Duration 2 Wks.
Due to Rheumatic Cardiac Vasc. Disease — ?
Due to
Other Conditions Uremia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Ashman Funeral Home
Address Mercy Hosp. Date signed May 30/38

F 92650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

F 92650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmount St.
(c) Hospital or institution SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N Monroe St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME HARRY SCHERR
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-18-1847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widow

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Mary Scherr - Daughter
(b) Address 1734 N. Monroe St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V - 31 - 42 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Phil Rd & Hamilton Ave
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.
19 MAY 31 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1942 19 at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1942 to May 29 1942 and that I last saw h IM alive on May 29, 1942

Immediate cause of death	Duration
Peritonitis	
Due to Multiple perforation of small bowel	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation May 22 1942
Major findings of operation: Perforation
of autopsy Peritonitis, multiple perforation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert S. Klein M.D.
Address Sinai Hospital Date signed 5-29-42

VS 3

F 92651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1610

F 92651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Lyman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Bartholomew (Birth F 50677)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1942

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Lester J. Bartholomew
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Pearle E. [illegible]
15. Birthplace Maryland

16 (a) Informant Lester J. Bartholomew
(b) Address 409 Lyman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location Baltimore

18 (a) Funeral director E. Leroy Stauffer, Inc.
(b) Address 125 E. Northgate. Huntington-Williams Mfr

19 (a) (Date rec'd by registrar) MAY 31 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 29 1942 and that I last saw him alive on May 29 1942.

Immediate cause of death: Congenital Atelectasis — Duration

Due to: Asphyxia pallida — Duration

Due to: Precipitate Labor — Duration

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Congenital Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Emmert M.D.
Address 9 E. Chase Date signed 5/30/42

F 92652 HEALTH DEPARTMENT—CITY OF BALTIMORE F 92652

CERTIFICATE OF DEATH 146E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Baltan St St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anita Perrin

If U. S. Veteran specify WAR

(a) Residence: No. 1506 Balton St St., 14th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William K. Perrin

6. DATE OF BIRTH (month, day, year): Sept 22. 1882

7. AGE: Years 60 59 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John T. Evans

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Henrietta Hill

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Anita E. Perrin

(Address) 1506 Balton St.

18. BURIAL, CREMATION, OR REMOVAL: Gloucester Va. 6-1-42

19. UNDERTAKER: Wendell E. Humphreys

(Address) 1501 N. Broadway

20. FILED MAY 31 1942 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30-42

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1939 to May 30th 1942

I last saw h.e.s. alive on May 30th 1942. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma.	
generalized involvement.	
Other contributory causes of importance	

Was an operation performed? yes. Date of November 1939.

For what disease or injury? Carcinoma of abdomen

Name of operation Resection of sigmoid.

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 3005 Wilkens

VS 2

Event = C W. Hogg.

F 92653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3132 O'Donnel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County Alpena
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kierst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Joseph Kierst
6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Kubiak
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Nellie Pazdan
(b) Address 3132 O'Donnell St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 31 - 42 (month) (day) (year)
(c) Cemetery or crematory Alpena Michigan
Location

18 (a) Funeral director John J. Dude
(b) Address 2828 Huntington Ave Baltimore, Md.

19 MAY 31 1942 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic cardiac

Due to Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 1st 1942

F 92654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 92654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 N Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D-2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 N Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L Klepper

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dec'd 13 1860
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) John G Klepper

8. AGE: Years 81 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Hollman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant John G Klepper (Husband)
(b) Address 1536 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1942 (Month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400 N. Charles St.

19 (a) MAY 31 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 19 42 to May 29 1942 and that I last saw h alive on May 29th 42

Immediate cause of death: Cerebral Hemorrhage — Duration 5 days
Due to Chronic Nephritis — 1 yr
Due to Arteriosclerosis — 5 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address 1 W Read St Date signed 6/3/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92655 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1937 F 92655

1. PLACE OF DEATH 4907 Crowson Ave.

CITY OF BALTIMORE: (No. ? St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr James Joseph McCall

If U. S. Veteran specify WAR

(a) Residence: No. 4907 Crowson Ave St. 27th Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Agnes McCall

6. DATE OF BIRTH (month, day, year) Dec. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Groft

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ruth M. Milton

(Address) 4907 Crowson Rd

18. BURIAL, CREMATION, OR REMOVAL. Place Dulaney Valley Date June 1/42 19

19. UNDERTAKER Harry S. Whittle

(Address) 4101 Johnnycake Rd

20. FILED 19 Huntington Hill Registrar

MAY 31 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 19 42, to May 29 19 42

I last saw him alive on May 27 19 42. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1942
Myocardial Insufficiency	May 1942
Other contributory causes of importance:	
Arteriosclerosis	7

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Hobart M. D.

(Address) 6100 York Road Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

F 92656 73288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 100 B

F 92656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Av., 8-15
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 15
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 Register
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Rafferty

3 (b) If veteran, name war
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1896 46yrs. 15days

8. AGE: Years	Months	Days	If less than one day
46		15	hr. min.

9. Birthplace 1837 Register St · Balto, Md.
(Town, county, and state)
10. Usual Occupation On Relief
11. Industry or business

FATHER
12. Name Peter Rafferty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Catharine
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Av.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1942 (month) (day) (year)
(c) Cemetery or crematory Mayr Cathedral Cem.
Location 4300 old Frederick Rd

18 (a) Funeral director Edmund O. Conklin & Son
(b) Address 924 E. Eager st.

19 (a) (b) Huntington Williams M.D.

MAY 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1942 to 5-29 1942 and that I last saw her alive on 5-27 1942

Immediate cause of death: Pulmonary Embolism — Duration 2 days
Due to: Phlebitis — 2 weeks
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Krafft M.D.
Address Balt. City Hosp. Date signed 5-29-42

If you have any information concerning this case, please write it on the back of this certificate.

F 92657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942a

F 92657 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 East 22nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 East 22nd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WALTER RAWLINGS HOUGH

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Meyers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1877

8. AGE: Years	Months	Days	If less than one day
64	10	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Secy to the Mayor
11. Industry or business

FATHER
12. Name Wm. D. Hough
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Norris
15. Birthplace Md.

16 (a) Informant Mrs. Walter R. Hough
(b) Address 517 East 22nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location

18 (a) Funeral director J.Liston Wiedefeld
(b) Address 501 East 22nd Street

19 (a) (b) Huntington Williams, M.D.
MAY 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th, 1942, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1942, to May 29, 1942, and that I last saw him alive on May 27, 1942.

Immediate cause of death	Duration
Coronary Occlusion	24 hours
Due to Coronary Thrombosis	24 hours
Due to ✓	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert Date signed May 29, 42

Physicians: please write the causes of death clearly and legibly. The accuracy of this certificate is very important. Physicians are supplied.

F 92658

THE MORGUE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 92658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfield
(c) Hospital or institution: Bethlehem Steel Co. yard
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1560 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JONNY W. HUTCHINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1555

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Janie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1918

8. AGE: Years 27 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Fisher

13. Birthplace Md.

MOTHER 14. Maiden Name Estella Hutchins

15. Birthplace Md.

16 (a) Informant Estella Hutchins

(b) Address 1560 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1560 Baltimore

19 MAY 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942 at 11 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 27 1942 at 9 25 A.M.
(c) Where did injury occur? Bethlehem Steel Co. (City or town) Fairfield (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell between + fell off barge

23. Signature H. W. Williams M.D.
Medical Examiner.

Date signed 5-27-42

VS 6

F 92659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1610

F 92659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Russell Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Singletary Delores (Birth F 50031)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1942

8. AGE: Years | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Singletary
13. Birthplace Lynchburg S C

MOTHER
14. Maiden Name Edna Hutchins
15. Birthplace Lynchburg S C

16 (a) Informant Robert Singletary
(b) Address 906 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Lyon
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N. Mount St.

19 (a) (Signature of registrar) (b) [illegible]

JUN 1 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1942 to 5-30 1942, and that I last saw h alive on 5-29 1942

Immediate cause of death Atelectasis
cerebral hemorrhage

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edith Rodler M. D.
Address Univ. Hosp Date signed 5-30-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427-E. Federal Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427-E. Federal Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME Mary J. Schreiber

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John A Schreiber
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10/18/1863

8. AGE: Years 78 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Carl Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmenia ?
15. Birthplace Germany

16 (a) Informant Charles Schreiber
(b) Address 1427-E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland.

18 (a) Funeral director George J. Ruth Inc.
(b) Address

19 (a) Filed JUN 1 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942, to May 29 1942, and that I last saw h[illegible] alive on May 29 1942.

Immediate cause of death: Chronic Myocarditis — Duration: 10 yrs
Due to: Chronic Endocarditis — Duration: 30 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Layton M. D.
Address 2005 E. Fayette St Date signed 5/30/42

Physicians: please write the causes of death clearly and legibly.

F 92661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92661

CERTIFICATE OF DEATH

✓131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Druid Hill Ave. Ward 14th)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura V. Madison

If U. S. Veteran specify WAR

(a) Residence: No. 2106 Druid Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Madison

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Francis Armstrong

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT William Madison

(Address) 2106 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date June 1 1942

19. UNDERTAKER Archibald A. Goodden

(Address) 2101 Pennsylvania Ave

20. FILED JUN 1 - 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from 5-27-42 to 5-28-42

I last saw him alive on 5-25 1942 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal

Left Hemiplegia

Interval between onset and death

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Gather M. D.

(Address) 2033 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 C

F 92662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Brown 73168

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1885

8. AGE: Years	Months	Days	If less than one day
57	3	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Alverta Adams
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 '42 (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Evelyn Herring Sons
(b) Address 2024 Orleans St

19 (a) Filed JUN 1 1942 (b) Registrar Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1942, at 9:00P M

21. I certify that death occurred on the date above stated, that I attended deceased from Apr. 9 1942 to May 20 1942, and that I last saw h im alive on May 20 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/22/42

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

414470

F 92663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131B

F 92663

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1376 N Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Smothers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-[illegible]00

8. AGE: Years	Months	Days	If less than one day
+1 42	6	17	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name Henry Douglas
13. Birthplace Md

MOTHER
14. Maiden Name Jane Boyd
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn.

18 (a) Funeral director C. Brooks
(b) Address 1463 N. Carey St.

19 (a) JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 11 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1942 to May 29 1942, and that I last saw her alive on May 29 1942.

Immediate cause of death Uremia — Duration

Due to Chronic glomerulonephritis — 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Greif. M. D.
Address J. H. H. Date signed 5-30

VS 3

F 92664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 92664

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 N. Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 9
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma M. Snyder.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1. 1884

8. AGE: Years 57 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore. Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. J. W. Martin
13. Birthplace Baltimore. Md

MOTHER
14. Maiden Name E. M. Latham
15. Birthplace Baltimore. Md.

16 (a) Informant Mr. Edward Martin
(b) Address 1521 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 JUN 1 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 9th P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1942 to May 30 1942 and that I last saw her alive on 5-30 1942

Immediate cause of death: Bronchopneumonia
Due to: Cancer right breast

Duration: 2 days. 6 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operations:

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Feeney M. D.
Address 3025 Belair Rd Date signed 6-1-42

VS 3

F 92665 F 92665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 W. Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Monroe

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Simon King
13. Birthplace Cutts Hill, N.C.

MOTHER
14. Maiden Name Idela Wilson
15. Birthplace Samson Co., N.C.

16 (a) Informant Adel Wilson
(b) Address Samson County, N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 JUN 1 1942 (Date rec'd by Reg. Registrar) (c) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1942 at 5:28 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Subarachnoid Hemorrhage — Duration
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Hugh B. McNally, M.D. Medical Examiner.
Date signed 5/29/42

F 92666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

F 92666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 2
(e) Length of stay in Baltimore (yrs., mos., or days) 20. Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter James Mackall.

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No. 218-07-3743

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-1896

8. AGE: Years 45 | Months 11 | Days 31 | If less than one day hr. min.

9. Birthplace Waterburn Md
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name George Mackall.
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Allen.
15. Birthplace Md.

16 (a) Informant Deanette Bradford.
(b) Address 517 N^th Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore Md.

18 (a) Funeral director Stallion A Jackson
(b) Address

19 (a) JUN 1 1942 (Date rec'd by registrar) (b) Huntington Williamsburg, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1942 to 5/29 1942 and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage

Due to Paralysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B M Kelly M. D.
Address 2134 Druid Park Dr Date signed

VS 1

92667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F92667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Reed st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sena Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-3522

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1889

8. AGE: Years	Months	Days	If less than one day
52 53	6	-	hr. min.

9. Birthplace Baltimore md. (Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER 12. Name Alexander Franklin

13. Birthplace md

MOTHER 14. Maiden Name Mary Downs

15. Birthplace Md.

16 (a) Informant William Franklin

(b) Address 208 Reed St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Adolphus Hall

(b) Address 9 & Druid Hill Ave.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D.

JUN 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 8:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to May 28 1942 and that I last saw her alive on May 28 1942.

Immediate cause of death Diabetes Mellitus — Duration 3 weeks

Due to Diabetes Coma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M. D.

Address Provident Hosp Date signed 5/28/42

Physicians: please write the causes of death clearly and legibly.

F 92668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 92668 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Sheilas Pl.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Sheilas Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1893

8. AGE: Years	Months	Days	If less than one day
49	-	12	hr. min.

9. Birthplace Balto md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Baltoma

16 (a) Informant Estelle Dixon
(b) Address 925 W. Fayette St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County.

18 (a) Funeral director Adolphus Caldcleugh
(b) Address 918 Druid Hill ave

19 (a) JUN 1 - 1942 (b) Huntington Williams M.D.
(Local registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to May 29 1942 and that I last saw him alive on May 29 1942

Immediate cause of death Cerebral hemorrhage — Duration 4 days ?

Due to hypertension

Due to

Other Conditions Myocarditis ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Watts M. D.
Address 515 Lexington Date signed 6/2/42

VS 2

Please answer all questions carefully and especially important. Physicians: please write the causes of death clearly and legibly. The

F 92669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59a

F 92669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1523 Barclay St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Young

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1852

8. AGE: Years 90 | Months 2 | Days 7 | If less than one day: hr. min.

9. Birthplace Eastern Shore Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER — 12. Name Charles Nicholas
13. Birthplace Eastern Shore, Md.

MOTHER — 14. Maiden Name Margaret ?
15. Birthplace Eastern Shore Md.

16 (a) Informant Margaret Grant
(b) Address 1528 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (day) (Year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Dallas
(b) Address 1631 Druid Hill Ave

JUN 1 - 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1941 at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to May 27 1942
and that I last saw her alive on 5/27 1942

Immediate cause of death: Terminal Bronchopneumonia — Duration
Due to Uremia
Due to Generalized arteriosclerosis
Due to Senile Debility
Due to Chr. Atrophic Arthritis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Lillard Crawford
Address 2511 Reisterstown Rd. Date signed 6/2/42
Dept. Public Welfare

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

F 92670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

F 92670 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo. 20da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FERDINAND E. FISHER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: NONE

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel Burgess

6 (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1899

8. AGE: Years 42 | Months 7 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Post Office Clerk

11. Industry or business Federal Government

FATHER
12. Name Edward Fisher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Giles
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ethel Burgess
(b) Address 1139 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director Mrs. George A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUN 1 - 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6, 1942, to May 28, 1942, and that I last saw him alive on May 28, 1942

Immediate cause of death: Cachexia and inanition — Duration: 6 wks.

Due to: Myeloid Leukemia — Duration: 2 yr. 2mo. 7 da.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 1/19/42
Major findings of operation: Phlebotomy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Cluetw M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 5/28/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a

F 92671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Hicks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1909

8. AGE: Years 33 | Months — | Days 24 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, or state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name John H. Hicks
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Elenora Smith
15. Birthplace Balto. Md.

16 (a) Informant Eleanora Hicks
(b) Address 1121 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory —
Location Annapolis, Md.

18 (a) Funeral director Mrs. Lee Stoddard
(b) Address 1601 Druid Hill Ave.
(c) (Date received by registrar) Huntington Williams, M.D.

UNL - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942, to May 28 1942, and that I last saw him alive on May 28 1942

Immediate cause of death: Intracranial Hemorrhage — Duration: 6 days
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph O. Reckling, M.D.
Address Provident Hosp. Date signed 5/29/42

VS 3

F 92672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182a

F 92672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Mathews ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Fenton Jr. (Birth F. 34788)
3 (b) If veteran, name war 0
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21 1941

8. AGE: Years	Months	Days	If less than one day
	9	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Child.
11. Industry or business

FATHER
12. Name John J. Fenton Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Nita Watson
15. Birthplace Md

16 (a) Informant John J. Fenton
(b) Address 3039 Mathews St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave.

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Edgecombe Ave.

19 JUN 1 – 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 12 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

Immediate cause of death Suffocation — Duration
Due to blankets about head
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 30 1942 at M
(c) Where did injury occur? 3039 Mathews St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Blankets got tangled about
23. Signature Herbert Lee Fenton M.D.
Medical Examiner.
Date signed June 1 1942

VS 4

MER 74187

F 92673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92673

Registered No. 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3331 Payne St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Craig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, ~~married, widowed, divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1894

8. AGE: Years 47 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Andrew Craig

13. Birthplace Md.

MOTHER 14. Maiden Name Susan Butler

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hampden

18 (a) Funeral director McInerney & Dennis

(b) JUN 1 1942 Chester St.

19 (a) (Date rec'd by registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1942 to 5/30 1942, and that I last saw him alive on 5/30 1942.

Immediate cause of death: Coronary Thrombosis — Duration ?

Due to: Hypertension C-V Disease — Duration ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Greenberg M. D.

Address Baltimore City Hospitals Date signed 6/30/42

VS 3

F 92674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92674 — 469 — Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Monroe Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Monroe Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Hartnaggle

3 (b) If veteran, name war –

3 (c) Social Security Account No. 212-05-8262

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Regina Hartnaggle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1880

8. AGE: Years	Months	Days	If less than one day
62	2	5	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Glass Cutter
11. Industry or business

FATHER
12. Name August Hartnaggle
13. Birthplace Unknown

MOTHER
14. Maiden Name Eleanor Davis
15. Birthplace Unknown

16 (a) Informant Regina Hartnaggle
(b) Address 3114 Monroe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Peck
(b) Address Harlan & Hollingsworth, M.D.

19 (a) JUN 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1942, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941, to May 30 1942, and that I last saw h alive on May 30 1942.

Immediate cause of death	Duration
Carcinoma Head of Pancreas	1 yr?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation October 3, 1941
Major findings of operation: Carcinoma Head of Pancreas
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence – at M
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work? – (Specify type of place)
(e) Means of injury –
23. Signature J. W. Hollingsworth M.D.
Address 1101 St Paul St Date signed 6/1/42

VS 1

F 92675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93 D

F 92675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Cobabe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Dora Cobabe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16-1873

8. AGE: Years	Months	Days	If less than one day
68	8	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Louis Cobabe
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Family
(b) Address 2801 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard J Peck
(b) Address 5305 Harford Road

19 (a) JUN 1 1942 Huntington Williams, M.D. (Date received by registrar) (b) Address 2201 N Charles St

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26-42 12 pm

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to May 26 1942 and that I last saw h alive on May 26 1942 at 2 p.m.

Immediate cause of death

Due to Myocardial degeneration

Due to Coronary Thrombosis

Other Conditions Arteriosclerosis

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Kenny M.D.
Address 2201 N Charles St Date signed JUN 1 1942

F 92676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

F 92676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Mary Hagengast

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	WI	WIDOW

6 (b) Name of husband or wife ANDRIEW NAGENGAST 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-1860

8. AGE: Years	Months	Days	If less than one day
82	4	16	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation AT HOME.
11. Industry or business

FATHER 12. Name ALAYSIUS FUCHS
13. Birthplace GERMANY

MOTHER 14. Maiden Name HELEN RODEIT
15. Birthplace GERMANY.

16 (a) Informant HELEN NAGENGAST
(b) Address 1214 MILTON AVE.

17 (a) Burial Ad (Burial, cremation, or removal) (b) Date thereof 6-2-42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location

18 (a) Funeral director Leonard J. Roach
(b) Address 1 Hatton Road

19 (a) JUN 1-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to May 31 1942 and that I last saw h[illegible] alive on May 31 1942

Immediate cause of death: Paralytic Ileus — Duration 1 day
Due to Pneumonia — 2 days
Due to Fractured at hip. — 5 days
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 26 at 3:00 P.M.
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Tripped + fell,
23. Signature H. Haasdar M. D.
Address Mercy Hospital Date signed 5-31-42
Howard J. Haasdar M.D.

VS 3

F 92677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. F 92677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2617 Llewellyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LESLIE Lee WENTZ

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-9080

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Gladys Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 22 | 1911

8. AGE: Years	Months	Days	If less than one day
30	5	7	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Music Boxes

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Gladys Wentz
(b) Address 2617 Llewelyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (month) (day) (year)

(c) Cemetery or crematory Balto. Cemetery
Location Balto.

18 (a) Funeral director J. C. Miller
(b) Address 2435 E. Oliver St

19 JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hematoma, extradural	
Due to Fracture of skull	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-28-42 at 3 P M
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury fell down stairs

23. Signature H. W. Williams M.D.
Acting Medical Examiner.
Date signed 5-30-42

VS 6

F 92678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 92678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8607 Roland Ave
(c) Hospital or institution: Maltrose Home 24 1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick W. Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife Amanda Ryder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1868

8. AGE: Years	Months	Days	If less than one day
74	7	27	hr. min.

9. Birthplace New York (Town, county and state)
10. Usual Occupation R. R. Engineer
11. Industry or business Retired

FATHER
12. Name Thos. J. Harrington
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Anne Fane
15. Birthplace Ireland.

16 (a) Informant Mr. Raymond Harrington
(b) Address 1946 Bethany Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-37 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Ketch. Highway

18 (a) Funeral director J. J. McCauley
(b) Address 1300 E. Fort Ave.

19 (a) JUN 1 - 1937 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/37 19 , at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29/37 19 , to 5/30 1937, and that I last saw h alive on 5/30 1937.

Immediate cause of death: Cerebral Hemorrhage — Duration: days 24

Due to: Cardiac Vascular — Duration: 9

Due to: Hypertension — Duration: 1

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Wheaton M. D.
Address 4309 York Rd. Date signed 5/30/37

VS 1

The accuracy, completeness and promptness of this information is important to the community. Please see that it is carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 92679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 92679

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 2434
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Covington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin E. Lepley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Stump Lepley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1st 1881

8. AGE: Years	Months	Days	If less than one day
60	7	29 30	hr. min.

9. Birthplace Wagner, Pa. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business B & O R R

FATHER
12. Name Robert Lepley
13. Birthplace Wagner, Pa.

MOTHER
14. Maiden Name Ellen Felker
15. Birthplace Wagner, Pa.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3rd 1942 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Cumberland, Md.

18 (a) Funeral director Louis Stein, Inc.
(b) Address Cumberland, Md.

19 (a) JUN 1 - [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 31 1942 and that I last saw him alive on May 31 1942

Immediate cause of death Coronary occlusion — Duration 20 minutes
Due to Arteriosclerosis
Due to
Other Conditions Unresolved pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro, M.D.
M. D.
Address 213 Light Street Date signed 5-31-42

VS 3

Physicians: please write the causes of death clearly and legibly. The

F 92680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 92680 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6730 Westbrook Road
(c) Hospital or institution:

27-20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6730 Westbrook Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Carp

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel Carp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER
12. Name Morton Eli —
13. Birthplace Russia
14. Maiden Name Lillian Gertrude —
15. Birthplace Russia

16 (a) Informant Edw. Carp
(b) Address 6730 Westbrook Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Northern Cem.
Location Belair Rd. Northern Cem.

18 (a) Funeral director Jacob Reuss Inc.
(b) Address 1439 E. Baltimore St.

19 (a) Filed (b) Registered by me JUN 1 1942 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1942, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1942 to May 31, 1942, and that I last saw her alive on May 30, 1942:

Immediate cause of death: Myocarditis. Arteriosclerosis.
Due to: age. (Senility).
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shapiro M.D.
Address 2351 Eutaw Place Date signed 5/31/42

V8 1

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

F 92681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mest Balto. Gen. Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5115 Queensbury ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Graver

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Bernard Graver
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russian

16 (a) Informant Dorothy Graver
(b) Address 920 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Phila Rd

18 (a) Funeral director Jack Leiva Inc
(b) Address 1124 Balto St

19 (a) JUN 1 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1942, at 1.15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Illuminating Gas	
Due to	
Other Conditions Decomposed	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-31-42 at A M
(c) Where did injury occur? 5115 Queensbury ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation from gas range

Signature Howard J. Claudeau M.D.
Medical Examiner
Date signed 6-1-42

VS 4

Please answer all questions. Information should be carefully supplied. The accuracy is important. Physicians: please write the causes of death clearly and legibly.

416735

F 92682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148a

Registered No. F 92682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1362 N. Calhoun (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Beatrice Laws Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-26

8. AGE: Years 21 | Months 5 | Days 5 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Laws
13. Birthplace Va

MOTHER
14. Maiden Name Sadie Forrester
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Leg. G. Nelson
(b) Address 1303 Preston St

19 (Date received by registrar) JUN 1 - 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 6 44 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 31 1942 and that I last saw h alive on May 31 1942.

Immediate cause of death Edampsia
Pulmonary Oedema
Vascular Collapse

Due to Pregnancy, Twins

Due to

Other Conditions Edampsia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: not done

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. H. Schmidt M. D.
Address Johns Hopkins Hosp signed 5-31-42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92683 ✓ F 92683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 St. Ann Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 St Ann Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Monaghan - Forstall

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John J. Monaghan Forstall

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1867

8. AGE: Years 74 yrs Months 5 Days 2 If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife at Home

11. Industry or business Home

FATHER
12. Name John Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Cochran
15. Birthplace Ireland

16 (a) Informant Mrs. John J. Monaghan
(b) Address 914 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Calvert
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Conkling Son
(b) Address 914 Gorsuch Ave

19 JUN 1 - 1942 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27- 1942 to 5/30 1942 and that I last saw h[er] alive on 5-20- 1942.

Immediate cause of death: Pulmonary Edema — Duration 2 days

Due to: Chr. Myocarditis — ?

Due to: Diabetes-Sclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature J. E. Turner Jr. M.D.
Address 1901 Eutaw Date signed 6/30/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 92684

JUL 25 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 92684 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 Goodwood Garden
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 Goodwood Garden (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. John M. T. Finney

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War, Med. Corps	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary E. Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1863

8. AGE: Years	Months	Days	If less than one day
78	11	10	hr. min.

9. Birthplace Mississippi (Town, county, and state)
10. Usual Occupation Surgeon
11. Industry or business

FATHER
12. Name Rev. Ebenezer D. Finney
13. Birthplace Md.

MOTHER
14. Maiden Name Annie L. Parker
15. Birthplace Mass.

16 (a) Informant Dr. John M. T. Finney, Jr.
(b) Address 2947 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Churchville, Maryland

18 (a) Funeral director Jesse O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 JUN 1 1942 (Date received by Registrar) (Signature) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1929 to May 30 1942, and that I last saw h alive on May 31 19

Immediate cause of death Coronary Thrombosis — Duration 12 hrs
Due to Arteriosclerosis — Duration 6
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cary B. Gambrill Jr. M. D.
Address 3402 St. Paul St. Date signed

F 92685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 92685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ? 16
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SALLIE (SARAH) MILLIGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Stewartstown Penna.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hamaley
(b) Address 578 W. Biddle St.

19 (a) JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1942 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1942 to 5-30 1942 and that I last saw h[illegible] alive on 5-30 1942

Immediate cause of death	Duration
(a) Enterocolitis Gangrene (Last Day)	2 week
Due to Generalized Arteriosclerosis ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. P. Mussenden
Address 844 N. Carey St Date signed 5-31-42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

F 92686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hosp.
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAULINE CHAPMAN SHORT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife James Short
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1893

8. AGE: Years	Months	Days	If less than one day
47	10	27	hr. min.

9. Birthplace Atlanta, Georgia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Joseph White
13. Birthplace Ga.

MOTHER
14. Maiden Name Nettie Dodd
15. Birthplace Ga.

16 (a) Informant Mrs. James Short
(b) Address 1519 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) Huntington Williams, M.D. Registrar
(Date received by Registrar) JUN 1 - 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 1942 and that I last saw h[illegible] alive on May 30 1942.

Immediate cause of death Myocardial Infarction — Duration

Due to Coronary Occlusion

Due to Arteriosclerotic C. V. Disease

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Dr Joseph
Address St Joseph Hosp Date signed 5/29/42 M.D.

Physicians: please write the causes of death clearly and legibly. Information asked is carefully supplied — especially important.

F 92687 ✓ F 92687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: South Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24d
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 W Webster St (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) **FULL NAME** Eleanor Hebe Airey Eleanor H. Airey

3 (b) If veteran, name war —

3 (c) Social Security Account No. _____

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 17 1922

8. AGE: Years 19 | Months 11 | Days 13+ | If less than one day hr. _____ min. _____

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Shoe Polisher

11. Industry or business

FATHER 12. Name George A. Rhinehart

13. Birthplace Balto.

MOTHER 14. Maiden Name Ellen E Connelly

15. Birthplace Balto

16 (a) Informant George A. Rhinehart

(b) Address 1740 W Webster St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Pa.

18 (a) Funeral director Martin F. O'Donnell

(b) Address 837 S. Conkling for Williams, Mgr.

19 JUN 1 - 1942 (Date rec'd by registrar) (Transiting for Williams, Mgr.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 19 42, at 6.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1942 to 5-31 1942, and that I last saw her alive on 5-31 1942.

	Duration
Immediate cause of death Generalized peritonitis	
Due to Intestinal obstruction	3 days
Due to adhesions	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-29-42

Major findings of operations: Volvulus

of autopsy: _____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Paul A. Manganaro, M.D. M. D.

Address 1213 Light St Date signed 5-31-42

VS 8

F 92688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. F 92688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 N. Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Belnord Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph S Swift

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-03-2533

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26 1873

8. AGE: Years 58 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business James Lumber Co.

FATHER
12. Name John Swift
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary E High
15. Birthplace Balto.

16 (a) Informant Annie Eslinger
(b) Address 126 N Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 3 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral ~~Holy Rood~~ Cem. Co. Frederick ~~Baltimore~~ Rd

18 (a) Funeral director Mar. H. B. Siegel

(b) Address 710 Belair Rd

19 (a) JUN 7 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 9 15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to May 31 1942 and that I last saw h alive on 5-31 1942

Immediate cause of death: Cerebral Hemorrhage
Carcinoma Larynx

Due to Pneumonia

Due to Malnutrition

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 6 yrs. 3 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Leon (
Address 2 S Baltimore Date signed 6/7/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. F 92689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Ag Hopkins 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 E. Pratt Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther H. James

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-31-1942

8. AGE: Years	Months	Days	If less than one day
			17 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Luther H. James
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E. Howard
15. Birthplace Baltimore, Md.

16 (a) Informant Father
(b) Address 3702 E. Pratt Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway
18 (a) Funeral director Lilly & Gailey Inc
(b) Address 1 S. Wolfe St.
19 (a) JUN 1 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1942, at 2:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Examination & Inquiry thereon and from the evidence obtained by said Examination & Inquiry and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Atelectasis Neonatorum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 6-1-42

VS 6

Please answer all questions. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

Frank James Myszkowski

F 92690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7334 Manchester Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK James MUSH OR MYSZKOWSKI

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 717-07-7093

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband or~~ wife Stella Myszkowski

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) August 1895

8. AGE: Years	Months	Days	If less than one day
46 47	9		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Car Inspector

11. Industry or business Pennsylvania R R Co.

FATHER
12. Name Michael Myszkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Marianna Blaszkowski
15. Birthplace Poland

16 (a) Informant Stella Myszkowski (Wife)
(b) Address 7334 Manchester Road Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County, Md.

18 (a) Funeral director George A Weber
(b) Address 705 S Caton Street Huntington Baltimore, Md.

19 (Date received by registrar) JUN 1 - 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 2 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Z Wallenmeyer M.D.
Coroner and Medical Examiner.

Date signed 5-26-42

V8 6

F 92691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92691 ✓ Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 W. Fayette St.
(c) Hospital or institution: 18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1116, W. Fayette St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgiana Richardson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Col.
6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/23/1873

8. AGE: Years 69 Months 2 Days 5
If less than one day, hr. min.

9. Birthplace Annapolis Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business House work.

FATHER
12. Name Not Known
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Henrietta Jacobs
15. Birthplace Annapolis Md

16 (a) Informant Maggie Randall
(b) Address 1116 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Sullivan
(b) Address 322 N Schroeder St.

19 (a) JUN 1 1942 (Date received by registrar) Huntington Williams, M.D. 2E N. Arlington Ave (Physician signature and address) 6/1/42

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28, 1942, 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27, 1942, to 5/28, 1942, and that I last saw he alive on 5/28, 1942

Immediate cause of death: Broncho Pneumonia — Duration 5 days

Due to: E + H Stasis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Gunson, M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92692

183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (KELLY) Callie LEO BROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No. 230-18-1827

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Julia Brooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 14, 1921

8. AGE: Years: 20 Months: 5 Days: 15 If less than one day: hr. min.

9. Birthplace: Middlesex Co. Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Callie Brooks
13. Birthplace: Middlesex Co Va

MOTHER
14. Maiden Name: Shellie Minor
15. Birthplace: Middlesex Co Va

16 (a) Informant: Mary Julia Brooks
(b) Address: Rexis P.O. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt Zion
Location: Middlesex Co. Va

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942; at 11 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: May 29 1942 at 11 20 M
(c) Where did injury occur? Harbor ft of Falls St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? water front (Specify type of place) While at work? Yes
(e) Means of injury: drowning - fell from wharf

23. Signature: H. W. Allen Jr. M.D. Medical Examiner.
Date signed 5-30-42

V8 6

F 92693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/a

F 92693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Howard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Norton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-76

8. AGE: Years 65 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name David Norton
13. Birthplace Md.

MOTHER
14. Maiden Name Sara Barnes
15. Birthplace Md.

16 (a) Informant Rosanda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1942 (month) (day) (year)
(c) Cemetery or crematory Tabernacle
Location Bel Air, Md.

18 (a) Funeral director Elmer E. Bullock
(b) Address Havre de Grace, Md.

19 (a) JUN 1 1942 Registrar
Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 8:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to May 30 1942 and that I last saw h alive on May 30 1942

Immediate cause of death: Myocardial failure — Duration

Due to Coronary Sclerosis, Radical prostatectomy.

Due to Carcinoma Scrotum & metastasis groin.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Radical groin Ca. scrotum - negative

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. S. Haines
Address Johns Hopkins Hosp. Date signed 5/30/42 M. D.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 92694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 Laurens St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Laurens St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Robert Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1900 ?

8. AGE: Years: 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Thompson

15. Birthplace Va

16 (a) Informant Thelma Scott

(b) Address 531 Laurens St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 3 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 913 Druid Hill Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JUN 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942 to May 31 1942 and that I last saw her alive on May 31, 1942

Immediate cause of death: Cerebral Embolism — Mitral Regurgitation — Duration: 1 dy. ?

Due to

Due to

Other Conditions Rheumatoid arthritis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Wallace Sherwood M. D.

Address 201 N Carey St Date signed 6/1/42

Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Age is especially important.

F 92695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 92695
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Dunbrook Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Grimes (Births F 50576)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			11 hr. 50 min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edwin Grimes
13. Birthplace Balto.

MOTHER
14. Maiden Name Julia Hanson
15. Birthplace Balto.

16 (a) Informant Mrs. E. Grimes
(b) Address 4 Dunbrook Rd.

17 (a) Burial (b) Date thereof 6/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director J. Linton Hendrickson
(b) Address 2 E. 23rd St.

19 (a) JUN 1 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30-42 19 , at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30- 1942 to 19 , and that I last saw h~~im~~live on 5-30- 1942.

Immediate cause of death — Duration

Prematurity
Due to (7 months)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel L. Lap M.D.
Address Balto. Gen'l Hosp. Date signed 6/1/42 M. D.

VS 8

Entries must be typewritten or legibly printed with permanent black ink. Every question must be answered, or a satisfactory explanation should be carefully supplied. The space for occupation is especially important. Physicians: please write the causes of death clearly and legibly.

F 92696

40332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 92696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Walsch

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife: Mary Walsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6. 1870

8. AGE: Years 71 yrs | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Restruant Business

11. Industry or business

FATHER
12. Name Frederick Welsch
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Donkey
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/1942 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location 6115 O'Donnell Rd.

18 (a) Funeral director John J. Haas
(b) 1 E. Baltimore St.

19 (a) JUN 1 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1942, at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1942 to 5-30 1942, and that I last saw h alive on 5-30 1942.

Immediate cause of death: Uremia — Duration: 5 days
Due to: Bar. Arteriosclerosis
Due to:
Other Conditions: Cellulitis of Leg (R) 3 wks

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald P. Stott M.D.
Address Balto City Hosp Date signed 5-30-42

VS 8

The cause of death is especially important. Physicians: please write the causes of death clearly and legibly. The entire information should be carefully supplied.

F 92697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 92697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Louis Flaherty

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No.	None	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1864

8. AGE: Years	Months	Days	If less than one day
77	7	15 14	hr. min.

9. Birthplace Balto. Md. (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward F. Flaherty
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Banks
15. Birthplace Conn.

16 (a) Informant Margaret M. Haggerty
(b) Address 4628 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-42 (month, day) (year)
(c) Cemetery or crematory Gen. Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. McGan
(b) Address 3010 E. Madison St.

JUN 1-1942
Transcribing for Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 12 26 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in operation + Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said in operation + Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Pulmonary embolism	
Due to thrombus formation in left leg	
Due to Fracture of left femur	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 14 1942 at M
(c) Where did injury occur? 3316 Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? Yes
(e) Means of injury Fall down steps
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 1 at 1942

VS 6

Please write as legibly as typewriting is especially important. Physicians: please write the causes of death clearly and legibly.

F 92698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 92698 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 E. Henrietta St.
(c) Hospital or institution:
23-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 E. Henrietta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Joseph Carey
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 11, 1862

8. AGE: Years	Months	Days	If less than one day
80	-	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Court House

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Agnes Rowles
(b) Address 39 E. Henrietta St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/42 (month), (day), (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd.
18 (a) Funeral director Fred. A. Kramer & Bro.
(b) Address 1 S. Charles St.
19 JUN 1 - 1942 (Date rec'd by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/17/1942 to 5/30/1942 and that I last saw h[illegible] alive on 5/30/1942.

Immediate cause of death Carcinoma of liver — Duration 6 months
Due to
Due to
Other Conditions Auricular fibrillation — Years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Norman M. D.
Address 11 E. Chase St Date signed 6/1/42

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186a

F 92699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. Franklin ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Raymond Culbertson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-4799

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Cleo Culbertson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1900

8. AGE: Years 41 | Months 6 | Days 27 | If less than one day hr. min. 40

9. Birthplace Colburn Va
(Town, county, and state)

10. Usual Occupation Clerkman

11. Industry or business

FATHER 12. Name Dont Know
13. Birthplace Va

MOTHER 14. Maiden Name Dont Know
15. Birthplace Va

16 (a) Informant Cleo Culbertson
(b) Address 1823 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave Balto

18 (a) Funeral director John Uhlenhuth
(b) Address 2008 Oakdale St

19 (a) JUN 1 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull — Duration

Due to —

Due to —

Other Conditions over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 17/0
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence May 29 at 6-7 P. M
(c) Where did injury occur? Balto (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell striking head on curb auto passed

23. Signature Robert L. Gaston M.D.
Medical Examiner.

Date signed June 1st 1942

YS 9

F 92700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Ashland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Wright

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1885

8. AGE: Years	Months	Days	If less than one day
57	-	14	hr. min.

9. Birthplace Remington Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Grace Hughes
15. Birthplace Va.

16 (a) Informant James Wright
(b) Address 1730 Ashland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A.A. County Md
18 (a) Funeral director Mrs R.G. Elliott & Dept
(b) Address 1128 Caroline St
19 JUN 1 - 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 6:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to May 1942 and that I last saw h alive on May 29 1942.

Immediate cause of death: Diabetes Toxemia & Myocardial Degeneration — Duration 1 week
Due to: Diabetes Gangrene — 6 months
Due to: Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert L Roberts
Address 2220 W. Baltimore St Date signed 6/5/42

VS 8

Write age if especially important. Physicians: please write the causes of death clearly and legibly.

F 92701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 92701
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1915

8. AGE: Years 27 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Otis Hood
13. Birthplace S. C.

MOTHER
14. Maiden Name Emma Rutney
15. Birthplace S. C.

16 (a) Informant Willie Hood
(b) Address 1706 E. Chase St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Monroe N. Carolina

18 (a) Funeral director Mathews & Williams
(b) Address 1129 N. Caroline St.

19 (a) JUN 1 – 1942 (Date registered) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of heart.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 30 1942 at 6:15 P. M
(c) Where did injury occur? Chase & Eden Streets Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? Yes.
(e) Means of injury Bullet wound

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 2 1942

VS 4

F 92702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 92702
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Falter

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph FALTER SR.
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): December 19, 1879

8. AGE: Years: 62 | Months: 5 | Days: 21 | If less than one day: hr. min.

9. Birthplace: BALTimore, Md. (Town, county, and state)
10. Usual Occupation: House Work
11. Industry or business: AT Home

FATHER
12. Name: John T Coolahan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: CATHERINE Deegan
15. Birthplace: Ireland

16 (a) Informant: Mr Geraldy F Falter
(b) Address: 908 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/3/1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem
Location: 4300 Old Frederick Rd

18 (a) Funeral director: John J Cowan & Son
(b) Address: 907-03 Hollins St.

JUN 1 1942 (Date Rec'd Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to May 31 1942, and that I last saw h[illegible] alive on May 31 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 5 hours
Due to: Arteriosclerotic-Hypertensive C-V Disease ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fueling M.D.
Address: Bon Secours Hospital Date signed: 6-1-42

VS 8

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

590 Registered No. F 92703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 S. Payson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Payson Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM F. HOFFMAN

3 (b) If veteran, name war ------
3 (c) Social Security Account No. 217-05-5821 sr

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna M. Hoffman
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1888

8. AGE: Years	Months	Days	If less than one day
53	5	1	* hr. ** min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business Balto. Enamel & Novelity

FATHER
12. Name Charles F. Hoffman
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Catherine Ulrich
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Edna M. Hoffman (wife)
(b) Address 415 S. Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Maryland

18 (a) Funeral director H. C. Wagner & Sons
(b) Address 1300 Eutaw Place

19 (Signature) Huntington Williams, M.D.

JUN 1 - 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH ... May 29 1942 at 7:A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 42 and that I last saw him alive on May 28 1942.

Immediate cause of death Uremia — Duration 2 days

Due to Arterio-Sclerosis — 7 1/2 yrs.

Due to Chronic Arthritis. — 8 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel E. Bygrad M. D.
Address 1905 W. Baltimore St. Signed 5/ /42

1FR

F 92704 73282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 92704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 12
(d) Street No. 1927 Wilhelm St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Burns

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-4529

4. Sex M | 5. Color or race W | 6. (a) ~~Single~~, married, ~~widowed or divorced~~

6 (b) Name of husband or wife Mariam Burns

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) June 19, 1908

8. AGE: Years	Months	Days	If less than one day
33	11	11	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Burns (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Bougard (d)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Thos. F. Geary
(b) Address Wilkins & Fremont

19 JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1942 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1942 to 5-30 1942 and that I last saw h live on 5-30 1942.

Immediate cause of death Metastatic Carcinoma from Carcinoma of Undetermined origin — Duration 9 Mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Heft
Address 5 E Eutaw St Date signed 5-30-42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 92705

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette + Johns Hop
(c) Hospital or institution: Hospital for the Women of Md. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Bateman Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Budd Shafer (Julia Budd Shafer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/84

8. AGE: Years	Months	Days	If less than one day
57	8	20	hr. min.

9. Birthplace Newark, N. J.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph H. Shafer
13. Birthplace New Jersey

MOTHER
14. Maiden Name Julia A. Budd
15. Birthplace New Jersey

16 (a) Informant Miss Jennette R. Shafer
(b) Address Sierra Madre, Calif.

17 (a) removal (b) Date thereof 6/2/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Pleasant.
Location Newark, N. J.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave. Williamsport, Md.

JUN 1 – 1942
(Date Rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/ 1942 at 7:12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942, to May 31 1942, and that I last saw him alive on May 13 1942

Immediate cause of death: Carcinomatosis illeus and liver failure — Duration

Due to: metastatic ca of liver

Due to: ca of Breast, Left.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. F. Peters M. D.

Address Williams Hospital Date signed 5/31/42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92706

T.N 34709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92706

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 months
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Penton (Margaret C. Penton)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Penton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/85

8. AGE: Years 57 | Months | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Smith (D)
13. Birthplace New York

MOTHER
14. Maiden Name Nellie Gorsuch(D)
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUN 1 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1941 to 5/29 1942, and that I last saw her alive on 5/29 1942.

Immediate cause of death: Cardiac Failure — Duration ?

Due to: Hypertensive C-V Disease — Duration 3

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Baltimore City Hospitals Date signed 6/2/42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 92707

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2759 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2759 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweden

3 (a) FULL NAME Mrs. C. Sophia Leaman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Louis G.R.Leaman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1861

8. AGE: Years	Months	Days	If less than one day
81	2	26	hr. min.

9. Birthplace Sweden
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Sweden

MOTHER
14. Maiden Name UnKnown
15. Birthplace Sweden

16 (a) Informant Mrs. Stokes
(b) Address 2759 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 (a) [illegible] (b) Huntington W. Va.

JUN 1 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1942, at 9.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942, to May 31 1942, and that I last saw her alive on May 31 1942.

Immediate cause of death	Duration
Chronic Arthritis	
Due to Deformans	20Yrs;
Chronic Myocarditis	1 Yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.H. Leaman M.D.
Address 2757 W. North Ave. Date signed 6/3/42

92708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. E 92708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1416 Jefferson St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sue Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Charles Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Nathan Farrell
13. Birthplace Charles Co Md

MOTHER
14. Maiden Name Louise Lee
15. Birthplace Charles Co Md

16 (a) Informant John D. Farrell
(b) Address 1445 E. St. N.W. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 1942 (month) (day) (year)
(c) Cemetery or crematory Arcutus Mem Park
Location

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Signature) (b) Huntington Williams, M.D. Registrar

JUN 1 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942, to May 31 1942 and that I last saw h.e.r alive on May 31 1942

Immediate cause of death: Uremia — Duration: 2 weeks

Due to: Hypertension Cardiosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackley
Address Provident Hosp. Date signed 6/1/42 M.D.

Please write plainly; important. Physicians: please write the causes of death clearly and legibly.

F 92709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

F 92709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables, 700 W. 40th St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Jane Crist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William E. Crist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	26	hr. min.

9. Birthplace Emmorton, Howard County, Maryland
(Town, county, and state)
10. Usual Occupation Married
11. Industry or business

FATHER
12. Name Basil Jeffers
13. Birthplace Harford Co. Maryland

MOTHER
14. Maiden Name Nellie Buckingham
15. Birthplace Howard Co. Maryland

16 (a) Informant Home for Incurable Records
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director Geo L. Bayne Jr
(b) Address 1512 Hollins St

19 (a) JUN 1 1942 (b) Registrar
Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942, at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938 to May 31st 1942, and that I last saw her alive on May 31st 1942.

Immediate cause of death
Bronchial Pneumonia
Left Hemiplegia
Due to Hypertensive Cardio Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration
2 days
Dec. 1940
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond Conrad Wolfe M.D.
Address 11 E. Chase St. Date signed 6/2/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3102 Registered No. F 92710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 E. Dhamis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Dhamis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susie Bush

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John Bush
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1873

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace St. Marys County Md. (Town, county, or foreign country)

10. Usual Occupation Domestic (Retired)

11. Industry or business

FATHER
12. Name Ignacium Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Md.

16 (a) Informant Edith Cook
(b) Address 1520 Dhamis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Claves Cem.
Location Ridge, Md.

18 (a) Funeral director Joseph D. Locke Jr
(b) Address 1306 N. Central Ave

19 (a) JUN 1 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-42 to 6-1-42 and that I last saw h.. alive on May 31, 1942

Immediate cause of death Myocardial failure — Duration Sudden

Due to Hypertensive Cardio-vascular disease — 6 Months

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mabel Adams M. D.
Address 712 E 23rd St Date signed 6-2-42

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92711
AB-74033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

F 92711
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 S. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Gamble

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16-1885

8. AGE: Years	Months	Days	If less than one day
57	3	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Jim Gamble (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Anna ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Frederick R. Colton
(b) Address 1220 W. Lombard St.

19 (a) JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Address Baltimore City Hospitals Date signed 5/30/42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 2-40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1942 to 5/30 1942, and that I last saw h[illegible] alive on 5/30 1942.

Immediate cause of death	Duration
Uremia	12 days
Due to Bleeding Peptic Ulcer	13 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Hepburn

F 92712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Casadel Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Casadel Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Auder Kewitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	None

6 (b) Name of husband or wife Gustav Kewitz
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1884

8. AGE: Years	Months	Days	If less than one day
58	4	14	hr. min.

9. Birthplace Latvia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Fritz Auder
13. Birthplace Latvia

MOTHER
14. Maiden Name Unknown
15. Birthplace Latvia

16 (a) Informant Gustav Kewitz
(b) Address 1709 Casadel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1710 W. Lombard St.

JUN 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th, 1942, at 6:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to May 29 1942 and that I last saw her alive on May 28 1942.

Immediate cause of death — Duration

CEREBRAL HEMORRHAGE — 5 days

Due to ARTERIOSCLEROSIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Dolan M.D. M. D.
Address 6 W. Lexington St. Date signed 5-30-42

VS 2

F 92713 | Lewin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

F 92713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 703 Madison Ave
(If outside limits of Baltimore city, write RURAL and give town)
(d) Street No. 3 Baltimore Md.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME William Lewin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Warren Co Va.
(Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name W Frank Lewen
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Oatheams
15. Birthplace Va

16 (a) Informant Hospital Records
(b) Address

17 (a) June 1 1942 (b) Date thereof 6/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Royal Va
Location

18 (a) Funeral director Scott & Stokes
(b) Address Front Royal

19 JUN 1 1942 Interred by [illegible] Funeral Home, Washington-Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1942 to June 1 1942 and that I last saw h[illegible] alive on June 1 1942.

Immediate cause of death Metastatic Carcinoma

Due to Ca of lung with metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Feb. 2, 1942
Major findings of operation: Ca of lung

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard S. Akers M. D.
Address Masonic Hosp Date signed 6/1/42

VS 3

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK.

92714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. E 92714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Preston Apartments
(b) Street address Guilford Ave. & Preston St
(c) Hospital or institution:
11-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 64 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Guilford Ave. & Preston St (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -------

3 (a) FULL NAME Genevieve J. McFee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1878

8. AGE: Years	Months	Days	If less than one day
About 64	---	--	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name Henry B. McFee
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C. Wall
15. Birthplace Maryland

16 (a) Informant J. Munan McFee
(b) Address 103 Thicket Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JUN 1 [illegible] Washington Boulevard

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942; at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to May 1942 and that I last saw her alive on May 30 1942

Immediate cause of death	Duration
Cerebral Accident	5 hrs
Due to Hypertensive cardio vascular disease	1 yr +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Moses L. Stirling

Address 2352 Eutaw Place Date signed 6/1/42 M. D.

F 92715
416166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92715
136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 McCulloh (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Harrell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-20

8. AGE: Years 21 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace WASHINGTON D.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Harrell
13. Birthplace S.C.

MOTHER
14. Maiden Name Emily Johnson
15. Birthplace VA

16 (a) Informant Mrs. Emily D. Harrell
(b) Address 1228 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond, Va.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1631 Druid Hill Ave
Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b)
JUN 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1942 to May 29 1942 and that I last saw h[illegible] alive on May 29 1942.

Immediate cause of death Tuberculous meningitis — Duration 2 weeks

Due to

Due to

Other Conditions Tuberculous empyema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Johns Hopkins Date signed

F 92716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 92716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2930 Woodland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Woodland (If outside city or town limits, write RURAL and give town)
27-17
(d) Street No. 2930 Woodlawn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Allen R. Gaddis

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Hester Gaddis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th 1852

8. AGE: Years	Months	Days	If less than one day
90	2	24	hr. min.

9. Birthplace Uniontown, Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Health Dept. City of Balto

FATHER
12. Name Robert Gaddis
13. Birthplace Uniontown Pa

MOTHER
14. Maiden Name Sarah Carter
15. Birthplace Pa

16 (a) Informant Hester Gaddis
(b) Address 2930 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 517 St Paul St

19 (a) (b) Huntington Williams, M.D. Registrar

JUN 2 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to May 31 1942 and that I last saw him alive on May 31 1942.

	Duration
Immediate cause of death Coronary occlusion	2 Months
Due to Lobar Pneumonia	7 days
Due to	
Other Conditions Arterio-Sclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurman D. Brantz M.D.
Address 2601 Manhattan Ave Date signed 6/1/42

The ~~undertaker~~ information should be carefully supplied. The ~~undertaking~~ important. Physicians; please write the causes of death clearly and legibly.

F 92717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93e

F 92717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) ~~Hospital or~~ institution: Florence Nightingale Nursing Home
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 18 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Pierce

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James Pierce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23rd 1852

8. AGE: Years	Months	Days	If less than one day
89	6	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Charles Conaway
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eliza Thayer
15. Birthplace Balto Md.

16 (a) Informant Anna Lambert
(b) Address 804 E. Preston St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 6/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md.

18 (a) Funeral director Wilkins Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 2 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1942 at 8:04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1942 to May 30 1942, and that I last saw h~~e~~r alive on May 30 1942.

Immediate cause of death senile dementia

Due to

Due to

Other Conditions hypostatic

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterman
Address 2324 Reisterstown Rd Date signed 6/1/42

Physicians: please write the causes of death clearly and legibly.

F 92718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 132

F 92718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution: Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town) 8-2
(d) Street No. 625 N. Bradford st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Taylor
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed or divorced~~ Married
6 (b) Name of husband Waldo Orville Taylor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22nd 1877
8. AGE: Years 64 Months 11 Days 9 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business
FATHER 12. Name John Hoss
13. Birthplace Germany
MOTHER 14. Maiden Name Unknown
15. Birthplace
16 (a) Informant Waldo Orville Taylor
(b) Address 625 N. Bradford St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Taylor Ave Balto Md
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
19 (a) JUN 2 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942 6.35 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to May 31 1942 and that I last saw her alive on May 31 1942
Immediate cause of death Myocardial Insufficiency — Duration 6 mos
Due to Nephritis — 3 years
Due to Dropsy — 1 week
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo. B. Zimmerman M.D.
Address 2958 Hartford Date signed 6/1/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 1

Important. Physicians: please write the causes of death clearly and legibly.

F 92719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 72

F 92719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
27-2
(d) Street No. 4321 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Estilla Duncan

3 (b) If veteran, name war: W

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 18 1872

8. AGE: Years 69 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name William T. Duncan
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia A. Duncan
15. Birthplace England

16 (a) Informant Mrs Anna E. Walker
(b) Address 4324 Harford Rd.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Wilkens Cook Inc
(b) Address 1217 St. Paul St

JUN 2 1942 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to May 31 1942, and that I last saw her alive on May 31 1942

Immediate cause of death Anemia N Chronic

Due to Bleeding from G.I. tract

Due to Allergic Purpura

Other Conditions Gen. Arteriosc.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Data not available & Granulation of appendix & Peritonitis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Custer M. D.
Address Sinai Hosp. Date signed May 31, 1942

F 92720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Turners Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. — Oak Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Welborn (Birth F 44758)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1942

8. AGE: Years	Months	Days	If less than one day
	3	18	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

MOTHER / FATHER
12. Name Benjamin Welborn
13. Birthplace
14. Maiden Name Dorothy McCullers
15. Birthplace Baltimore, Md

16 (a) Informant Dorothy Welborn
(b) Address Turners Station

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 42 (month) (day) (year)
(c) Cemetery or crematory N. Arlington
Location

18 (a) Funeral director Sam'l H. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) (Date rec'd by registrar) JUN 2 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 6 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to June 1 1942 and that I last saw h[illegible] alive on June 1 1942

Immediate cause of death Bronchopneumonia — Duration 1 mo.
Due to Diverging Strab
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph [illegible] Rawlings M. D.
Address Provident Hosp Date signed 6/1/42

Important. Physicians: please write the causes of death clearly and legibly.

F 92721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92721 (8) 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green St
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
22-2
(d) Street No. 422 W Camden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Paul Stakanis

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-05-8773

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Mary Stakanis
(b) Address 422 W Camden St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 4 - 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Joseph Kaminskas Sons
(b) Address 602 W Lexington Blvd

JUN 2 - 1942 (Date rec'd by registrar) (c) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1942, to 6-1 1942, and that I last saw h[im] alive on 6-1 1942.

	Duration
Immediate cause of death: Cardiac failure	1 day
Due to: Paroxysmal Ventricular Tachycardia	4 days
Due to: Coronary Thrombosis	3 weeks
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hosp. Date signed 6-1-42

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. H. Brenizer 1402 Lombard

F 92722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 Sherwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
9-8 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Sherwood Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Lettice V Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Brown

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar 26-1872

8. AGE: Years 70 | Months 2 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation home wife

11. Industry or business —

FATHER 12. Name Andrew Hosfeld

13. Birthplace Germany

MOTHER 14. Maiden Name Louisa Reinhart

15. Birthplace Penna

16 (a) Informant Della L Lego

(b) Address 3316 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-42 (month) (day) (year)

(c) Cemetery or crematory St Mary's Hampden

Location Baltimore Md

18 (a) Funeral director Grand H Sept

Address JUN 2 1942 H 36 M

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to May 1942
and that I last saw h[er] alive on May 31 1942

Immediate cause of death	Duration
(a) Hypertension & CV disease	4 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Brenizer M. D.
Address 1402 Lanvale Date signed 6-1-42

VS 1

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93d

F 92723 Registered No.

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Douglas Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
6-5
(d) Street No. 212 Douglas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachael Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edward Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1865

8. AGE: Years 76 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name ? Smith
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Gertrude Wayland
(b) Address 212 Douglas Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location C. C. County Md.

18 (a) Funeral director Joseph B. Lorka Jr.
(b) Address 1136 E. Central Ave.

JUN 2 - 1942
(Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to May 29 1942 and that I last saw h alive on May 29 1942.

Immediate cause of death

Chronic Myocarditis — Duration: May 1942

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 121 Augusta Ave. Date signed 6-7-42

VS 3

F 92724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92724 ?

Registered No. 13b

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625-E.Oliver Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 5-mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625-E.Oliver Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME George Walter Jones

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Mamie (?)

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/3/1856

8. AGE: Years 75 | Months 5 | Days 29 | If less than one day: -- hr. -- min.

9. Birthplace Kent Co. Md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name George R. Jones
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Sarah C. Startt
15. Birthplace Kent Co. Md.

16 (a) Informant Mrs. Emma M. Blakeney
(b) Address 1625-E.Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/1942 (month) (day) (year)
(c) Cemetery or crematory Asbury Park, N.J.
Location New Jersey

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) JUN 2 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 7 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to June 1 1942 and that I last saw him alive on June 1 1942

Immediate cause of death: Cardiac Insufficiency — Duration: ?

Due to: Arteriosclerosis — Duration: ?

Due to: — Duration:

Other Conditions: Intermittent Hemiplegia — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Bowen

Address 1761 E North Ave. Date signed 6/2/42 M. D.

VE 3

F 92725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Ridgely St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald W. Hoover also known as William D Hoover

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27-1899

8. AGE: Years	Months	Days	If less than one day
43	3	4	hr. min.

9. Birthplace Sout Carolina
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Hoover
13. Birthplace S.C.

MOTHER
14. Maiden Name Anna Davis
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Gem
Location Balto. Md

18 (a) Funeral director Chas B Kuchauskas
(b) Address 637 Washington Blvd

19 (a) JUN 2 - 1942 (Date rec'd by Registrar) Jos Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31-42 19 , at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23-42 19 , to 5-31-42 19 , and that I last saw h.im alive on 5-31-42 19 .

Immediate cause of death	Duration
Hypertensive cardio vascular disease	
Due to Nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cass L
Address Balt City Hosp Date signed 6-1-42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 92726

E.S. (72455)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92726

Registered No. 466

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
25-5
(d) Street No. 4201 Pennington Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Alsimovitch

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)? ? 1888

8. AGE: Years	Months	Days	If less than one day
abt. 54			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Handy Man (odd jobs)

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Jesus

Location Berwyn Hill P.O. Prince Geo. Co. Md

18 (a) Funeral director John J. Foley Sons

(b) Address 13 N. Howard St

JUN 2 1942 Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1942 at 5" A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 5-22 1942, and that I last saw h[illegible] alive on 5-22 1942.

Immediate cause of death — Duration

Carcinoma of Stomach — 2-3 mo

Due to Intestinal Obstruction

Due to (Post operative) — 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-10-42

Major findings of operation: Ca Stomach

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stabler M.D.

Address Balto City Hosp Date signed 6-1-42

F 92727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 92727
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 Garrison Blvd.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
15-8 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Royston Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Lewis H. Bennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1852

8. AGE: Years	Months	Days	If less than one day
89	8	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Matthew Royston
13. Birthplace Va.

MOTHER
14. Maiden Name Minerva Carpenter
15. Birthplace Va.

16 (a) Informant Charles N. Bennett
(b) Address 3111 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O'Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (Date received by registrar) (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1941 to May 31 1942 and that I last saw h-- alive on May 31 1942

Immediate cause of death: Hypostatic pneumonia — Duration 1 day

Due to Carcinoma of right breast & Epithelioma — Duration about 1 yr.

Due to Lungs. — Duration 3 mo.

Other Conditions Myocarditis —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Dublett M. D.
Address 2220 Garrison Blvd. Date signed

F 92728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920 Registered No. F 92728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Augusta St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
10-27
(d) Street No. 725 Augusta St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Rebecca Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 62 Months Days 1 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Daniel Jackson

13. Birthplace Cambridge Md

MOTHER 14. Maiden Name Henrietta Brown

15. Birthplace Cambridge Md

16 (a) Informant Viola Jackson Smith

(b) Address 725 Augusta St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 2-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A A Co Md

18 (a) Funeral director Robert E Welch

(b) Address 1515 McElderry St

19 JUN 2 - 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION SG

20. DATE OF DEATH May 29 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to May 29 1942 and that I last saw him alive on 5-29 1942.

Immediate cause of death

(a) Aortic Insufficiency

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Edward Stokes M. D.

Address 662 E Monument Date signed 6-1-42

VS 2

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 92729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 92729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
19-W
(d) Street No. 1816 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida V. Heil (Ida V.Heil)

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Herman Heil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 2, 1892

8. AGE: Years: 50 Months: 2 Days: 29 If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Charles Roemer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Hoff
15. Birthplace: Baltimore Md.

16 (a) Informant: Mr. Herman J. Heil Jr.
(b) Address: 353 Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Baltimore Md.

18 (a) Funeral director: Philip Henry Sons
(b) Address: 2024 Orleans St.

19 (a) JUN 2 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-1 1942, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1942 to 6-1 1942 and that I last saw h[illegible] alive on 6-1 1942

Immediate cause of death: Pulmonary Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: Chronic Gall bladder & stones

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Daniel L. Zalis M. D.
Address: 3 Franklin Sq. Hosp. Date signed: 6-1-42

VS 3

Physicians: please write the causes of death clearly and legibly.

F 92730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1312

F 92730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 26-6
(d) Street No. 1115 N. Vale Street (Vail) (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine A. McVey

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 16 - 1869

8. AGE: Years	Months	Days	If less than one day
73	4	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John L. Seiffel
13. Birthplace Germany

MOTHER 14. Maiden Name Susanna Schlosbauer
15. Birthplace Germany

16 (a) Informant Mrs Seiffel
(b) Address 2912 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 a Broadway

19 (a) JUN 2 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1942, at 3 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Renal
Cardio-vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 6-1-42

VS 6

Physician is especially important. Physicians: please write the causes of death clearly and legibly.

F 92731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 87c

F 92731 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Inc 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
20-8
(d) Street No. 224 S. Collins Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Meckel Louis (aloysius) E. Meckel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret (?)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1872

8. AGE: Years 70 | Months | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Martin J

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Brandtmiller

15. Birthplace Md.

16 (a) Informant Balto. City Hospital Records

(b) Address 4940 Eastern Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director George E. Farley

(b) Address 1521 Fayette

19 (a) JUN 2 - 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31-42 19 . at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1942 to 5-31 1942, and that I last saw him alive on 5-31 1942.

Immediate cause of death (Inanition)
Carcinoma of Stomach, Metastasis
Paralysis of Legs

Duration
10 wks.

Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross M.D.
Address Balt City Hosp Date signed 6-1-42

F 92732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. F 92732

The registrant, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 Northview Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give post office)
27-9
(d) Street No. 1234 North View Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Ellen Thornton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John T. Thornton (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1859

8. AGE: Years 83 | Months 4 | Days 19. | If less than one day hr. min.

9. Birthplace Anne Arundel Co (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Hawkins
13. Birthplace Anne Arundel County Md

MOTHER
14. Maiden Name Ann Smith Kelly
15. Birthplace Edgewater Md

16 (a) Informant Mrs. E. L. Herbert
(b) Address 1234 North View Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 - 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Md.

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave.

19 JUN 2 - 1942 (Date received by registrar) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 7.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to June 1 1942 and that I last saw her alive on June 1 1942.

Immediate cause of death: Myocardial failure

Due to: Arteriosclerosis Senility.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stevens
Address 3400 Orleans Ave Date signed 6/3/42

F 92733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 122

F 92733
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
18-1 (d) Street No. 915 W. Baltimore Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Peal

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Daniel Peal
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 3-1895
8. AGE: Years 47 Months 2 Days 27 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Domestic
11. Industry or business: Unknown

FATHER
12. Name: William Thomas
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Pope Walker
15. Birthplace: Virginia

16 (a) Informant: Records of Mercy Hospital
(b) Address: Baltimore, Maryland
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Zion Cem.
Location
18 (a) Funeral director: Mrs. Kate R. Williams
(b) [illegible] Lakewood St Huntington Station Baltimore, Md.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 12:35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to May 30 1942
and that I last saw h[illegible] alive on May 30 1942

	Duration
Immediate cause of death: Acute intestinal obstruction of unknown etiology	about 4 hrs
Due to	
Due to	
Other Conditions: Cardiac failure	

(Include pregnancy within 3 months of death)
Date of operation: May 29-1942
Major ~~findings~~ of operation: Obstruction of Ileum by fibrinous ~~tissue~~
At autopsy:

PHYSICIAN
Underline the cause which should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Thomas Hodnett M. D.
Address: Mercy Hospital Date signed: 5/30/42

VS 1

F 92734

F 92734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Rhoades St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
18-1
(d) Street No. 403 N. Rhoades St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Batley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sara Batley

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Mar. 24 1875

8. AGE: Years 66 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace Kent Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Farm

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Sara Batley
(b) Address 403 N Rhoades St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 32 N Fulton Ave

19 (a) JUN 2 – 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 30 1942 and that I last saw him alive on May 30 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: Days

Due to: arteriosclerosis — Duration: Days

Due to: — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Wallace, M.D.
Address 76 Harlem Ave Date signed 6-2-42

VS 3

F 92735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92735 Registered No. 164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dob
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Gelston Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Edith M Sherman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1896

8. AGE: Years 45 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Balt Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Robinson
13. Birthplace Balt Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Edith Robinson
(b) Address 3804 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry H Weber
(b) Address 4101 Edmondson Ave

19 (a) JUN 2 1941 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1941 at 11:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head

Due to: mental deficiency (Psychosis)

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence June 1st 1941 11 a.m.
(c) Where did injury occur? Leakin Park, Baltimore Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Revolver

23. Signature H Z Wollenweber M.D. Medical Examiner
Date signed 6-1-41

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92736

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 92736

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 W. 28th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 W. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATE COMPTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name Thomas Stall.
13. Birthplace ?

MOTHER
14. Maiden Name Henrietta Upstinan
15. Birthplace ?

16 (a) Informant Bertha Schriver.
(b) Address 409 W. 28th St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof June 3 1941 (Month) (day) (year)

(c) Cemetery or crematory St. Marys.
Location Hampden.

18 (a) Funeral director Lehmann & McDonough
(b) Address 5-17 Saratoga Ave.

JUN 2 1941

19 (a) (Date rec'd by registrar) (b) Hattie G. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1941 at 11 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollanweber M.D. Medical Examiner.
Date signed 6-2-41

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46b

F 92737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Woodbine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Woodbine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Marck

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Emma Marck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 1865

8. AGE: Years	Months	Days	If less than one day
75	8		hr. min.

9. Birthplace St Louis (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs Loretta Meek
(b) Address 3203 Woodbine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Leonard J Pook
(b) Address 5305 Harford Road

19 (a) JUN 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 5-30 1942 at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1942 to 5-30 1942 and that I last saw h[illegible] alive on 5-30 1942.

Immediate cause of death: Carcinoma stomach — Duration: 2 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S A Alexander M D. M. D.
Address 6217 Harford Rd Date signed

VS 2

CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 92738

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address UNIVERSITY HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
27-4
(d) Street No. 3019 Glenmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anton Wiedemann

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19-1859

8. AGE: Years	Months	Days	If less than one day
83	-	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Cut Metal Worker

11. Industry or business

FATHER 12. Name William Wiedemann

13. Birthplace Germany

MOTHER 14. Maiden Name Von Brunn

15. Birthplace "

16 (a) Informant Mrs Frieda Weber

(b) Address 7410 Elwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Leonard J Roth

(b) Address 5325 Harford Road

19 (a) JUN 2 - 1942 (Date rec'd by registrar) (b) Huntington W. Va. Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 11 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942, to May 31 1942, and that I last saw h[illegible] alive on May 31 1942.

Immediate cause of death	Duration
Cerebral Vascular Accident ?	6 hrs
Due to Hypertension and Cardio Vascular disease	
Due to	
Other Conditions Benign prostatic hypertrophy, Inguinal Hernia (Include pregnancy within 3 months of death)	

Date of operation 5/14/42 5/13/42

Major findings of operation: Cancer in Prostatic hypertrophy

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Bassler M. D.
Address Lynchburg Va Date signed 5/2/42

F 92739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1st 92739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Fait Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
26-11
(d) Street No. 3314 Fait Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R. Austermann

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Conrad W. Austermann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1879

8. AGE: Years	Months	Days	If less than one day
63	4	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework at Home
11. Industry or business

FATHER
12. Name Frank Moerlein
13. Birthplace Germany

MOTHER
14. Maiden Name Ottilia Goldbach
15. Birthplace Germany

16 (a) Informant Mrs. John Austermann
(b) Address 3314 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3rd 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4420 Belair Road

18 (a) Funeral director Edwin H. Conkling & Son
(b) Address 924 E. Eager St.

19 (a) JUN 2 — 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1942, at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1941 to May 30 1942 and that I last saw h[illegible] alive on Dec 2 / 1941

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension Arteriosclerosis
Due to:
Other Conditions: Chronic Myocarditis, Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature T. Joseph Lowdes, M.D.
Address 4441 Reisterstown Rd. Date signed 6/1/42

VS 3

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. TYPE PLAINLY, WITH UNFADING INK. correct age is especially important.

F 92740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 F 92740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Dover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Dover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Dean

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife Ida Dean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18 1857

8. AGE: Years 85 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William H. Dean

13. Birthplace —

MOTHER 14. Maiden Name Laura Keitholtz

15. Birthplace —

16 (a) Informant William H. Dean Jr

(b) Address 1814 Dover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 (Month) 1942 (Day) (Year)

(c) Cemetery or crematory Laudels Pk

Location City

18 (a) Funeral director Pott & B. M. Walters

(b) Address Foot of Hughes St & Huntington Ave

19 (a) (Signature of registrar) Registrar

(b) Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1942 to June 1 1942, and that I last saw h[illegible] alive on May 31 1942.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo E. Shannon M.D.

Address 700 N. Fulton Ave Date signed 6/4/42 M. D.

F 92741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 (a) Registered No. F 92741

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 N. Mount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
16-B
(d) Street No. 1022 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Augusta Jackson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months [illegible] | Days 30 | If less than one day hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ely Thompson
13. Birthplace Howard Co

MOTHER
14. Maiden Name Mary E Hall
15. Birthplace Carroll Co

16 (a) Informant Lillie E. Davis
(b) Address 1022 N. Mount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Mt. Winans Md.

18 (a) Funeral director William H. Jackson
(b) Address 916 Penna. Ave.

19 (a) JUN 2 (Date received by Registrar) [illegible] Huntington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1937 to May 30 1942 and that I last saw her alive on May 30 1942

Immediate cause of death: Cerebral Hemorrhage

Duration: 5 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed June 2

VS 1

F 92742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46b Registered No. F 92742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
16-2
(d) Street No. 1332 W. Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years: 42 | Months | Days | If less than one day: hr. min.

9. Birthplace: Georgia (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Not known
13. Birthplace

MOTHER
14. Maiden Name: Charity
15. Birthplace: Ga!

16 (a) Informant: Charles Worthen
(b) Address: 1332 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4, 1942 (Month) (day) (year)
(c) Cemetery or crematory: Mt Calvery
Location

18 (a) Funeral director: Elroy Wilson
(b) Address: 1000 Brantley ave

19 (a) JUN 2 — 1942 Huntington Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1942 to 6/1 1942 and that I last saw h[illegible] alive on 6/1 1942.

Immediate cause of death	Duration
Cachexia	
Due to Carcinoma of stomach	
Due to Metastasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy metastasis
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lamar E. Bashore Jr M. D.
Address Franklin Sq Hosp Date signed 6/2/42

VS 8

The cooperation of informants in furnishing the information should be carefully supplied. The accuracy is important. Physicians: please write the causes of death clearly and legibly.

F 92743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46g F 92743 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Roland Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
27-14 (d) Street No. 1008 Roland Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Tuttle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Elizabeth F. Tuttle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 20. 1862
8. AGE: Years 80 | Months 3 | Days 11 | If less than one day: hr. min.
9. Birthplace Brooklyn, New York (Town, county, and state)
10. Usual Occupation Foreman - American Tobacco Co.
11. Industry or business Retired 17 years

FATHER
12. Name Washington Irving Tuttle
13. Birthplace New York

MOTHER
14. Maiden Name Mary A. Burbank
15. Birthplace New York

16 (a) Informant James E. Tuttle
(b) Address 1008 Roland Heights Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.
18 (a) Funeral director Horace F. Burger
(b) Address 3600 Falls Road
19 (a) [illegible] 1942 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 12:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 1 1942 and that I last saw him alive on May 31 1942

Immediate cause of death: Carcinoma of Pancreas — Duration: 8 mos.
Due to: Hall Kessler M. Comm
Due to: —
Other Conditions: Arterio-sclerosis and endocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 5446 W 36 St. Date signed 6/3/42

VS 3

F 92744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 466

Registered No. F 92744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Florence Nightingale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
14-2
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME GERTRUDE T. CASEY

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ----

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1881

8. AGE: Years 60 | Months 9 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jeremiah Casey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Conlon
15. Birthplace Ireland

16 (a) Informant Mrs. R. F. Albert
(b) Address 2904 Glenmore avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Undertaker J. Evans Son, Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) JUN 2 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1942 to 5/31 1942, and that I last saw her alive on 5/30 1942.

Immediate cause of death: carcinoma of the stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 6/1/42

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. E 92745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1538 N. Gay Street
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 N. Gay Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph J. Vesely

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War #1	216-01-4391	Male	white	Married

6 (b) Name of husband ~~or wife~~ Pauline Vesely
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1897

8. AGE: Years	Months	Days	If less than one day
45	1	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Beer brewer
11. Industry or business

FATHER
12. Name Charles Vesely
13. Birthplace Czecho- Slovakia

MOTHER
14. Maiden Name Mary Korecky
15. Birthplace Czecho- Slovakia

16 (a) Informant Mrs. Pauline Vesely
(b) Address 1538 N. Gay street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas. P. Evans Son Inc
(b) Address 416 N. Mt. Royal Ave

19 (a) JUN 2- 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1942, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Apoplexia
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-2-42

VS 6

Use PERMANENT BLACK INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92746
T.N. 74322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 W F 92746 Registered No.

Every item of information should be carefully supplied. Use PERMANENT WRITING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
14-3 (d) Street No. 2000 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-03-9391

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elsie ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md
18 (a) Funeral director Geo. H. Kelsey
(b) Address 803 Presstman St
19 JUN 9 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1942, at 2:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1942 to 5/31 1942 and that I last saw h[illegible] alive on 19

Immediate cause of death — Duration

Uremia
generalized Carcinomatosis — Due to

Due to

Other Conditions ? CARCINOMA OF GI TRACT (Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature F. McKenna M. D.
Address Balt. City Hospitals Date signed 5/31/42

VS 3

F 92747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 92747

The ... correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... PENCIL OR FADING INK. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5706 Elmora
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
27-18 (d) Street No. 5706 Elmora (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathan W. Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widower

6 (b) Name of husband or wife Alice E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	28	hr. min.

9. Birthplace Va (Town, county and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Ben Johnson
13. Birthplace Va.

MOTHER 14. Maiden Name Lucy Ball
15. Birthplace Va.

16 (a) Informant Blanche V. Delcomyn
(b) Address 5206 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month, day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pleasant

19 (a) JUN 2 - 1942 (Date rec'd by Reg.) Hamilton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1942 to May 31 1942 and that I last saw h alive on May 31 1942

Immediate cause of death: Acute Bronchitis — Duration 4 days
Due to: Arteriosclerosis — 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hamilton Williams M.D.
Address 75 E. Lexington St. Date signed 6/2/1942

VS 1

92748

BALTIMORE CITY HEALTH DEPARTMENT 480 Registered F 92748

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 S. Grundy ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 26-9 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Libby

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 2 - 1942
Commissioner of Health

18 (a) Funeral director
JUN 2 1942 Huntington Williams M.D.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy + inquiry thereon and from the evidence obtained by said autopsy + inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of cervix	
metastases to lungs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eastman M.D.
Medical Examiner.
Date signed May 22 1942

VS 6

8148

CORRECTIONS OR ERASURES MUST BE MADE WITH PENCIL. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. F 92749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Hoffman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Bell Madison

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 2 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20- 1942, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held Autopsy & Inquiry upon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moseley M.D.
Medical Examiner.
Date signed 5-21-42

0144

V8 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. E 92750

THE MORGUE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 Forest St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Forest St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME James Richardson
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Mal	Col	M

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35	—	—	hr. min.

9. Birthplace (town, county, and state)
10. Usual Occupation Laborer —
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Bell - Mrs. S. Allen
(b) Address 121 Augusta (?)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) JUN 2 - 1942

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1942, at 8:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1925 to May 25 1942 and that I last saw alive on May 25 1942

Immediate cause of death

	Duration
Due to	May 29 1942
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy. no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo S Allen
Address 121 Augusta Date signed 5/28/42

VS 2

9145

F 92751

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92751

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH Volunteers Hospital of America — Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Baby Berger —

(a) Residence: No. 1119 Cleveland St., 21 Ward. F 51810

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME William Robert Davis

14. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Berger

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mother

(Address) 1119 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 2 - 1942 19

19. UNDERTAKER Consolidated Funeral Co. Baltimore

(Address)

20. JUN 2- 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1942 to May 31, 1942

I last saw h.i.m alive on May 31, 1942 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Other contributory causes of importance:	

Was an operation performed? 0 Date of 0

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Willard Applefeld M. D.

(Address) Veterans of America Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9146

F 92752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V F 92752 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Curley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August J. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife Mary E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1868

8. AGE: Years	Months	Days	If less than one day
74	3	9	hr. min.

9. Birthplace Oakland Balto Co
(Town, county, and state)

10. Usual Occupation Retired Clock House Clerk

11. Industry or business Bethlehem Steel Corp

FATHER
12. Name Kasper Hoffman
13. Birthplace Md

MOTHER
14. Maiden Name Lizzette Miller
15. Birthplace Md

16 (a) Informant Mrs Harrison Jones
(b) Address 115 S Curley St

17 (a) Burial (b) Date thereof 6/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave & Dundalk Rd

18 (a) Funeral director William M Marock
Address 715 E Fayette St

19 (a) JUN 2 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to June 1 1942 and that I last saw her alive on May 29 1942.

Immediate cause of death Diabetic Malestus

Due to

Due to

Other Conditions Infection

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. H. Patterman

Address 2324 Presstman Rd Date signed 6/4/42

F 92753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 92753

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Covington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Covington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Barbara Phillips

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	Widow

6 (b) Name of husband or wife Thos F Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1875

8. AGE: Years	Months	Days	If less than one day
67	3	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Boden
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Tehner
15. Birthplace Baltimore

16 (a) Informant Mrs Boden
(b) Address 1114 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md

18 (a) Funeral director J J Eaton Sons
(b) Address 318 Light St

19 (a) JUN 2 - 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/ 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28/ 1940 to 5/31/42, and that I last saw her alive on 5/30/ 1942.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: 1½ yrs.
Due to
Due to
Other Conditions - - - - -
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St. Date signed 6/2/42

F 92754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 F 92754 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Beaumont ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Beaumont ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Coppinger
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Walter A. Coppinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/24/1873

8. AGE: Years 68 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Martin Lyons
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Donnelly
15. Birthplace Ireland

16 (a) Informant Mary Mary Coppinger
(b) Address 819 Beaumont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. Dabney Jones
(b) Address 1210 Light St.

19 JUN 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942, at 7 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1938, to May 30 1942.
and that I last saw her alive on May 30 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days.
Due to Arteriosclerosis — 3 yrs.
Due to Chronic Interstitial Nephritis — 3 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Hart F. Benson, M.D. M. D.
Address 5111 York Rd Date signed June 1, 1942

VS 1

F 92755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92755 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 rd St

(c) Hospital or institution: Lin Mem Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

15-8 (d) Street No. 3807 Bonner Rd City (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Katherine E. Moog

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.C.	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1873

8. AGE: Years	Months	Days	If less than one day
68	6	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School teacher

11. Industry or business

FATHER 12. Name James Moog

13. Birthplace Md

MOTHER 14. Maiden Name Wilhemina Dirbel

15. Birthplace Germany

16 (a) Informant hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd., Balto.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) 1100 No. Pa. Ave.

19 (a) JUN 2 1942 (Date rec'd by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1942, at 2 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1942 to 6-1- 1942, and that I last saw h[illegible] alive on 5-29 1942.

Immediate cause of death Myocardial failure

Due to Cerebral hemorrhage

Due to Carcinoma of cardia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Moog Jr. M. D.

Address Union Memorial Hosp. Date signed 6-1-42

F 92756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466

F 92756 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutheran Mem. Hosp. 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town St. Petersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 - E. 20th Ave., North (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Carleton Nydegger

3 (b) If veteran, name war

3 (c) Social Security Account No. 267-14-6502

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1917

8. AGE: Years	Months	Days	If less than one day
25	2	23	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Montgomery Ward Co.

FATHER
12. Name A. Carleton Nydegger
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia Ridgeley
15. Birthplace Maryland

16 (a) Informant A. Carlton Nydegger, father
(b) Address St. Petersberg, Fla.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North Ave. & Pa. Ave.

19 (a) JUN 2 - 1942 (b)
(Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-42 19 , at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2-42 19 , to 6-1-42 19 , and that I last saw h 1/8 alive on 6-1-42 19 .

Immediate cause of death Cardiac failure — Duration 2 days

Due to Leiomyosarcoma of stomach — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-14-42 & 5-19-42

Major findings of operation: Myoma in lesser peritoneal cavity

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen F. Delevett, M.D.
Address Lutheran Memorial Hospital Date signed 6/1/42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92757 ✓ 131 a F 92757 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 S. CORNWALL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
26-5 (d) Street No. 337 S. CROWNALL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VALENTINE JORDAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: BRIGID JORDAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 2 1866

8. AGE: Years 75 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (City, county, and state)

10. Usual Occupation RETIRED

11. Industry or business PENNA. R.R.

FATHER
12. Name UNKNOWN
13. Birthplace ENGLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant WILLIAM SWINSON (SONINLAW)
(b) Address 332 S. DREW ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Quiter INC.
(b) Address 403 S. WOLFE ST.

19 JUN 2 1942 (Date rec'd by Registrar) (b) ~~Hunting~~ for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 30 19 42 at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to May 30 1942. and that I last saw him alive on

Immediate cause of death: Uraemia — Duration: 2 weeks

Due to: Cardio Vascular Renal Disease ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Ng
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison Date signed 6/1/42

JUN 2 1942

F 92758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92758 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 S. NEWKIRK ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
26-7
(d) Street No. 620 S. NEWKIRK ST.
(e) Citizen of foreign country? Germany (Yes or No)
If yes, name country GWTS

3 (a) FULL NAME Annie Lauer

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife Andrew Lauer

6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Jan. 16. 1860

8. AGE: Years 82 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant ELIZABETH MEYER (DAUGHTER)
(b) Address 620 S. NEWKIRK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 4/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) 1407 E. FOLLIS ST.

19 (Signature) Registrar

JUN 2 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 1 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to June 1 1942
and that I last saw h[illegible] alive on May 31 1942

Immediate cause of death
Cerebral Hemorrhage — Feb 10 — 1 day
Due to Arteriosclerosis — 1937
Due to Hypertension — 1937
Due to Diabetes Mellitus — (93)
Other Conditions Pneumonia May 30 — 6d

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3505 Fait Ave Date signed June 1-42

VS 8

92759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 92759 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-4-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 South Payson Street (If rural, give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bernadette Mary Colbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1882

8. AGE: Years	Months	Days	If less than one day
59	6	25	hr. min.

9. Birthplace Elkhart City, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Lee Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Agnes O'Neil
15. Birthplace Elkhart City, Maryland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 / 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George F. Schwatt
(b) Address 2101 Frederick Ave.

19 (a) JUN 2 1942 (Date received by registrar) (b) Huntington-Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1942, at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1942 to June 1, 1942, and that I last saw her alive on June 1 1942.

Immediate cause of death: Progressive cerebral spinal arteriosclerosis — Duration 10 Mos.
Due to Arteriosclerosis — 5 Yrs.
Due to Diabetes Mellitus
Due to
Other Conditions psychosis due to arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dominick P. Magan M. D.
Address 836 Fulton Ave. Date signed

VS 8

F 92760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 92760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES A. BELLISON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-4521

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** Widowed

6 (b) Name of husband or wife Ida V. Bellison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20-1879

8. AGE: Years 64 53 | Months | Days 1311 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Night Watchman

FATHER
12. Name John Bellison
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Edward G. Bellison
(b) Address 1913 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George L. Schwatt
(b) Address 2101 Frederick Ave.

19 (a) JUN 2 19[illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1942 at 8 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. W. Gallenmeier M.D.
Medical Examiner.

Date signed 6-2-42

VS 6

92761 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

F 92761 Registered No.

MARGIN RESERVED FOR BINDING

"PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
W 8-3 (d) Street No. 2304 Forest Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Diven (Birth F 50549)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/42

8. AGE: Years | Months | Days 3 2 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Merle Diven
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Murphy
15. Birthplace Md

16 (a) Informant Merle L. Diven
(b) Address 2304 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location old Frederick Rd.

18 (a) Funeral director D. Howard Strong
(b) Address 3207 N. North Ave

19 (a) JUN 2—1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1942, at 1 O'C P M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/29 1942 to 6/1 1942, and that I last saw him alive on 6/1 1942.

Immediate cause of death: Acute Cardiac Failure — Duration

Due to: Congenital Heart

Due to: Patent ductus arteriosus & Patent foramen ovale

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Patent ductus arteriosus & Patent foramen ovale

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. McB. Beck M.D.
Address Mercy Hospital Date signed 6/2/42

VS 1

92762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

Registered No. F 92762

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2-1 731 N. Kenwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM BARNES

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-03-1705

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: BERTHA MILLER

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.) May 29, 1894

8. AGE: Years 48 | Months 0 | Days 2 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation CHAUFFEUR-GOOD HUMOR

11. Industry or business

FATHER
12. Name Joseph Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Schadel
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 42 (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director Dr. Walter Mays
(b) Address 619 N. Bouldin St.

19 JUN 2 — 1942 Huntington Williams, M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1942, at 1:15p. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 1942, to June 1, 1942, and that I last saw him alive on June 1, 1942.

Immediate cause of death: Subdural hematoma — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 6/2/42

VS 8

F 92763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d Registered No.

F 92763

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 Woodyear Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Woodyear (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mollie Miller
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) ? 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Chesterfield S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Miller
13. Birthplace S. Carolina

MOTHER
14. Maiden Name ? Giles
15. Birthplace S. Carolina

16 (a) Informant Mollie Miller
(b) Address 1327 Woodyear Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/42 (month) (day) (year)
(c) Cemetery or crematory
Location Cheraw S. Carolina

18 (a) Funeral director Chas H Alexander
(b) Address 927 N. Monroe Huntington Pl. Baltimore, Md.

19 JUN 3 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942, to June 2 1942, and that I last saw him alive on June 1 1942.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E William Frey
Address 1928 Penna Ave Date signed 6/2/42

Spencer ✓ 94a F 92764

F 92764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1228 Madison Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1228 Madison Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

11-4

3 (a) FULL NAME Lottie Spencer.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Matthew Spencer

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1895

8. AGE: Years	Months	Days	If less than one day
46	7	20	hr. min.

9. Birthplace Philadelphia, Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Enoch Walker

13. Birthplace Phila, Penna

MOTHER

14. Maiden Name Matilda Jones

15. Birthplace Princess Anne, Md

16 (a) Informant Annie Jones (Sister)

(b) Address 914 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location C. & County Md.

18 (a) Funeral director Chas. H. Arthur

(b) Address 514 N. Calhoun St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1942 at 12:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21, 1941 to June 1, 1942 and that I last saw h[illegible] alive on May 27, 1942.

Immediate cause of death: Coronary Thrombosis

Due to Varicose Veins of Legs

Due to Alkaemia

Other Conditions

Duration: 10 Minutes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. Lee Sliger

Address 924 Madison Ave Date signed 6/2/42 (M. D.)

F 92765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 E 92765

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 541 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Orchard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

17-1

3 (a) FULL NAME: HENRIETTA DESHIELDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 90+ Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Miss Mary Roman
(b) Address 3704 Mohawk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

(a) Washington Millender (b) Registrar

VS

JUN 3 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1942 19 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1938 to May 30 1942 and that I last saw her alive on May 30 1942

Immediate cause of death: Uremic Coma — Duration: 1 wk.

Due to Chr. Interstitial Nephritis — 6 yrs +

Due to Chr. Myocarditis — 6 yrs +

Due to Arteriosclerosis — 20 yrs +

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Schlenger M.D.
Address 4600 Liberty Hgts Ave Date signed 6/2/42

F 92766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

486 F 92766 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 Garrison Boulvard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
1528
(d) Street No. 2517 Garrison Boulvard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Martin Minor

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert Minor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Martin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Duley
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Robert Minor
(b) Address 2517 Garrison Boulvard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

JUN 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 1, 1942, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct '4th 1941, to May 31- 1942, and that I last saw h dr alive on May 31- 1942.

Immediate cause of death Carcinoma of the body of the Uterus.
Duration 2 yrs. 8 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Dec - 1939.
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac E. Dickson M. D.
Address 3055 W. North ave Date signed June 3-42

F 92767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 5b

F 92767

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 W. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY DIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1907

8. AGE: Years	Months	Days	If less than one day
34	8	29	hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Elliott
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Diggs
15. Birthplace Va

16 (a) Informant Fannie Mills (mother)
(b) Address 526 N 10th Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location a a Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) JUN 3 — 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1942 at 2.0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hepatitis, acute hemorrhagic — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallace M.D. Medical Examiner.
Date signed 6-1-42

VS 6

AB-73 F 92768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d

F 92768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Balt imore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 2Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E Center St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Meyer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widower

6 (b) Name of husband or wife Annie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. ?- 1869 ?

8. AGE: Years	Months	Days	If less than one day
73 ?	4? 5	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name John Meyer
13. Birthplace ?

MOTHER
14. Maiden Name Hannah Ronnick
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Joseph Forans Inc
(b) Address 2013 Greenmount Ave

19 (a) JUN 3 - 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1942, at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1942 to 6-1 1942, and that I last saw alive on 6-1 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Hypostasis	1 mo
Due to Urinary Retention, Benign Hypertrophy of Prostate	?
Other Conditions Arteriosclerotic cardio-vascular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald P Heath M.D.
Address Balto City Hosp Date signed 6-2-42

VS 2

CERTIFICATE CORRECTED 4-3-42

F 92769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 W. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single (Married)

6 (b) Name of husband or wife WILLIAM E. Randolph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-1920

8. AGE: Years	Months	Days	If less than one day
21 22	6	22	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Archie Randolph

13. Birthplace Va.

MOTHER 14. Maiden Name Martha Jefferson

15. Birthplace Va.

16 (a) Informant Elizabeth Smith

(b) Address 1433 - Edmonson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Location Mt. Calvary Cemetery Cedar Hill Md.

18 (a) Funeral director William A. Yaskin

(b) Address 916 - Penna. Ave.

19 (a) JUN 3 - 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942, at 6 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to amputation of legs

Due to being struck by train

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence May 31 1942 at 1:35 A. M

(c) Where did injury occur? Light & Wells Sts (City or town) (County or district)

(d) Did injury occur about home, on farm, industrial place, in public place? R.R. yards (Specify type of place) While at work? No

(e) Means of injury struck by train

23. Signature Robert Lee Bratton M.D. (Medical Examiner)

Date signed June 1, 1942

VS 6

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ACCURATE REGISTRATION FOR BINDING

F 92770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 92770

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1342 Carroll st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and the town)
(d) Street No. 1342 Carroll st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1885

8. AGE: Years	Months	Days	If less than one day
56	7	26	hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Solomon W Brown
13. Birthplace Md

MOTHER
14. Maiden Name Ida Wright
15. Birthplace Md

16 (a) Informant Howard Brown
(b) Address 1356 Carroll st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Pratt st

JUN 3 – 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to May 31 1942 and that I last saw her alive on May 28 1942.

Immediate cause of death: Uremia

Duration 29 days

Due to Interstitial Nephritis and Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Gunn M. D.

Address 542 N. Arlington Ave Date signed 6/3/42

VS 8

F 92771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b F 92771 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 251 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

16-1

3 (a) FULL NAME Minnie Robinson 65208

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1915

8. AGE: Years	Months	Days	If less than one day
26	8	22	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Levi Northan
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie Wharton
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1942 (month) (day) (year)
(c) Cemetery or crematory
Location ACComac Co. Va

18 (a) Funeral director J Edgar Thomas
(b) Address Accomac Co. Va.

JUN 3 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942 at 3:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 14 1941 to June 1 1942 and that I last saw her alive on June 1 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 15 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Rogerson M. D.
Address Baltimore City Hospitals Date signed 6/2/42

VS 3

F 92772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 92772 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison Ave. & Cloverdale Temple Garden Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

13-T

(d) Street No. Temple Garden Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LEROY KATZ

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 056-05-7879.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Viola F. Katz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	10	15		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman: Ladies Accessor-

11. Industry or business ies.

FATHER

12. Name Katz.

13. Birthplace Unknown

MOTHER

14. Maiden Name Henrietta ------

15. Birthplace Unknown

16 (a) Informant Mrs. Viola F. Katz,

(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Christ Sonneborn & Son.

(b) Address 1902 Eutaw Place

JUN 3 - 1942

Filed rec'd by Registrar Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st. 1942, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to 6-1 1942 and that I last saw h alive on 5-31 1942

Immediate cause of death

	Duration
Acute Coronary Occlusion	
Due to Hypertension	
Due to Coronary Occlusion	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bernard J. Cohen M. D.

Address Marlborough Apts. Date signed 6/2/42

414592

F 92773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 F 92773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45dys
(e) Length of stay in Baltimore (yrs., mos., or days) 45dys

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town Pennsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 41 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matthias John Kreinus

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 146-05-0933

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Mehsen

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): 2-4-04

8. AGE: Years: 38 | Months: 3 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Czechoslovakia (Town, county, and state)

10. Usual Occupation: Chemical Operator

11. Industry or business: DuPont Dye Works

FATHER
12. Name: Matthias Kreinus
13. Birthplace: Czech.

MOTHER
14. Maiden Name: Anna Stolts
15. Birthplace: Czechoslwakia

16 (a) Informant: Records.
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 3, 1942 (month) (day) (year)
(c) Cemetery or crematory: St. Heart Church Cem.
Location: St. Francis, Wisconsin

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway

19 Filed: JUN 3 - 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1942 at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to June 2 1942 and that I last saw him alive on June 2 1942

Immediate cause of death	Duration
Myocardial failure	
Due to Infiltrating Carcinoma of Urinary Bladder	
Due to Uremia from Ureteral stricture.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John S. Harris, M.D.
Address: Johns Hopkins Hosp. Date signed: 6/3/42

VS 3

F 92774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 F 92774 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 Hudson St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Hudson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Walter Ziemkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Poland. (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Lottie Wojcik
(b) Address 2621 Hudson St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Sherwood Gardens Rd.

18 (a) Funeral director John J. Kuda
(b) Address 2622 Hudson St

19 (a) JUN 3-1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1941, to June 1 1942, and that I last saw him alive on June 1 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Cerebral Hemorrhage	1 day
Due to Chr. Interstitial	Nov 41-
Complex Coronary Occlusion	6-1-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edith Lemmerhirt M. D.
Address 642 S. Ext Ave Date signed 6-2-42

H. H. Wallenstein M.D. per Brewer

VS 1

F 92775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 92775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Johns Hopkins Hosp 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Summit Ave.
(If no street give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Lee Parlow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary C. Parlow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/12/86

8. AGE: Years	Months	Days	If less than one day
55 56	8	20	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Garage Owner
11. Industry or business Automobile

FATHER
12. Name Joseph E. Parlow
13. Birthplace North Carolina

MOTHER
14. Maiden Name Jane Sledge
15. Birthplace North Carolina

16 (a) Informant James Phelan M.D.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-1942 (month) (day) (year)
(c) Cemetery or crematory Rest Haven Cem. Location Hagerstown Md.

18 (a) Funeral director Chas. W. Thrasher
(b) Address Hagerstown Md.

19 JUN 3 - 1942 (Date rec'd by registrar) Huntington Williams, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1942 at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/42 1942 to 6/3 1942, and that I last saw him alive on 6/3 1942

Immediate cause of death Coryza 6

Due to Acute Coronary Occlusion

Due to

Other Conditions Old Myocardial Infarction

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Alex

Duration A days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Phelan M. D.
Address 1 West Mount Vernon Place Date signed 6/3

4A1

F 92776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 92776

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & John St.

(c) Hospital or institution: Hospital for Rel Women of Md. 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 40 YR

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town 306 Ingleside ave

(If outside city or town limits, write RURAL and give town)

(d) Street No. Catonsville Md

(If rural give location)

(e) If foreign born, how long in U. S. A.) ____ years

3 (a) FULL NAME Sarah Campbell (SARAH BLAIR CAMPBELL)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 28 1873

8. AGE: Years 68 | Months 10 | Days 6 | If less than one day: ____ hr. ____ min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual Occupation ____

11. Industry or business ____

FATHER

12. Name John B. H. Campbell

13. Birthplace Cumberland Md

MOTHER

14. Maiden Name Ellen Magruder

15. Birthplace Cumberland Md

16 (a) Informant Dr. John A. Riggs

(b) Address 306 Ingleside ave Catonsville Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 5th 42 (Month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Cumberland Md

18 (a) Funeral director Henry H. Gaukens Sons

(b) Address McCulloh & Orchard Sts

19 (a) JUN 3 19[illegible] (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 4.55 PM

21. I certify that death occurred on the date above stated, that I attended deceased from May 23 1942 to June 3 1942 and that I last saw h[illegible] alive on June 1 1942

Immediate cause of death

Cerebral Hemorrhage

Due to ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)

(e) Means of injury ____

23. Signature Wm H Hart M. D.

Address ____ Date signed ____

F 92777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 F 92777 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucille Spriggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: SEPARATED

6 (b) Name of husband or wife: VERNON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 6-16-1900

8. AGE: Years: 41 Months: 11 Days: 15 If less than one day: hr. min.

9. Birthplace: LYNCHBURG, VA. (Town, county, and state)

10. Usual Occupation: DOMESTIC

11. Industry or business

FATHER
12. Name: DUVAL JONES.
13. Birthplace: LYNCHBURG VA.

MOTHER
14. Maiden Name: SALLIE WHITE
15. Birthplace: LYNCHBURG VA

16 (a) Informant: PHYLISS SPRIGGS
(b) Address: 622 DOLPHIN ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/3/42 (month) (day) (year)
(c) Cemetery or crematory: Arlington Mem'l P.K.
Location: Balto. Co. Md.

18 (a) Funeral director: Chas. H. Carter
(b) Address: 514 N. Calhoun St.

19 (a) JUN 3 - 1942 (Date received by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31 1942, at 8:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Stab wound of heart

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence: May 31 1942 at 7:15 A.M.
(c) Where did injury occur? Fremont & Pitcher St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? yes
(e) Means of injury: Stabbed Autopsy

23. Signature: Robert Lee Fretwell M.D. Medical Examiner.
Date signed: June 1 1942

F 92778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92778 !

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2247 McElderry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2247 McElderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B. Langley.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julianna Langley.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7-1869

8. AGE: Years	Months	Days	If less than one day
73	4	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Handyman - Janitor
11. Industry or business

FATHER
12. Name Joseph Langley
13. Birthplace Md

MOTHER
14. Maiden Name Julia Jackson
15. Birthplace Md

16 (a) Informant Mrs. Julianna Langley
(b) Address 2247 McElderry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 4-42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Waldorf Md

18 (a) Funeral director Hyatt & Ryon
(b) Address Waldorf Md

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to June 1 1942 and that I last saw h[illegible] alive on June 1 1942

Immediate cause of death

Chronic Hypertrophic Degeneration — Duration 2 yrs

Due to

General arteriosclerosis — 10 yrs

Due to

Other Conditions Diffuse Spinal Gliosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Ryon M. D.
Address 3005 E. Monument St Date signed June 2 1942

VS 2

92779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 d. F. 92779 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARRIAGE RECEIVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo8da
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 W. North Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME PETER HALL

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 - 14 - 5318

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Nerutha Oxley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1874

8. AGE: Years 67 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Denmark

10. Usual Occupation Mate (Town, county, and state)

11. Industry or business

FATHER
12. Name Peter Hall
13. Birthplace Denmark

MOTHER
14. Maiden Name Christian Powell
15. Birthplace Denmark

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Ave.

19 (a) JUN 3 - 1942 (Date rec'd by State Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1942, at 11:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1942 to June 2, 1942, and that I last saw him alive on June 2, 1942.

Immediate cause of death Inanition

Duration 40 days

Probably due to careinoma of left lung

Due to

Unk.

Other Conditions

(Include pregnancy within three months of death)

Date of operation 5/12/16/42

Major findings of operation: Paracenteses

Autopsy: NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Oxley

Address US Marine Hospital Baltimore, Maryland. Date signed 6/4/42

92780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 92780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Penhurst Ave. Flr
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
28-1
(d) Street No. 4201 Penhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Homer B. Moore

3 (b) If veteran, name war **********

3 (c) Social Security Account No. *******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bessie Jewell Glaze
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace Macon, Macon County, Missouri (Town, county, and state)
10. Usual Occupation New York Life Ins.
11. Industry or business

FATHER
12. Name Solomon Moore
13. Birthplace Cumberland, Maryland

MOTHER
14. Maiden Name Katherine Kimmel
15. Birthplace Pennsylvania

16 (a) Informant Mrs. George Spaulding (daughter)
(b) Address 3412 Howard Park Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 JUN 3 1942 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 2 1942 and that I last saw him alive on June 2 1942

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to arteriosclerosis	?
Due to Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Tucker

Address 2220 Garrison Blvd. signed 6/3/42

VS 8

F 92781
T.N 73878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1176 F 92781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 W. Lombard St (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

1823

3 (a) FULL NAME Sam. ~~XXXXXXX~~ Gianforte

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	218-10-5486	M	White	Married

6 (b) Name of husband or wife Rosaria Gianforte
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 1, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
59 60	8			

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jimmie Giaforte
13. Birthplace Italy

MOTHER
14. Maiden Name Giovannina Barrance
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4rt42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.
18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.
19 Date received by Local Registrar 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1942 to 6-1 1942, and that I last saw ~~him~~ alive on 6-1 1942.

Immediate cause of death

	Duration
Bronchopneumonia, Post Op.	3 days.
Due to Surgery.	
Due to Duodenal ulcer	7 years.
Other Conditions Uremia	5 days

(Include pregnancy within 3 months of death)
Date of operation 5-21-42.
Major findings of operation: Duodenal ulcer.
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Postell M. D.
Address Balto City Hosp Date signed 6-3-42

E 92782 ! (Stamp) ✓ 2310 Eutaw

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered Number E 92782 !

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 N. Cullington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md' (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Cullington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Greenfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna Greenfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name —

13. Birthplace Russia

MOTHER 14. Maiden Name —

15. Birthplace Russia

16 (a) Informant Mrs Anna Waldenman

(b) Address 126 N. Cullington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Wil. Rd

18 (a) Funeral director Jos Levin Inc

(b) 1128 E. Balto. St

19 (a) JUN 3 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3-42 19 .. at 11 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 40 to June 3 1942 and that I last saw h. alive on June 2 1942

Immediate cause of death Generalarterio-sclerosis

Due to old age —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

Duration

clear

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams

Address 2310 Eutaw Pl. Date signed 6/3/42

VS 3

F 92783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. F 92783

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5917 Carter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto [illegible] (County)
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5917 Carter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ANETIA MARTIN

3 (b) If veteran, name war –

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife HOWARD MARTIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1879

8. AGE: Years	Months	Days	If less than one day
62	10	16	hr. min.

9. Birthplace BALTO MD.
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name GEORGIAN BURNS
15. Birthplace UNKNOWN

16 (a) Informant ELEANOR FALK
(b) Address 719 RAMSAY ST-

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 4-42 (month) (day) (year)

(c) Cemetery or crematory MOREL'S PARK
Location

18 (a) Funeral director Leonard J Rush
(b) Address 53[illegible] HARFORD ROAD

19 JUN 3 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-1942, at 2[illegible] A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1942 to 6/2 1942, and that I last saw living on 6/2 1942

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 743 Harford Road Date signed 6/3/42

F 92784 74181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. F 92784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Morton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) ~~Single, married, widowed, or divorced~~ Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1914

8. AGE: Years 27 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Willie Morton
13. Birthplace Va.

MOTHER
14. Maiden Name Aralia Walker
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-4-42 Mt. Auburn Cem. Balto. Md.
(c) Cemetery or crematory Farmdale Va.
Location Va.

18 (a) Funeral director William C. Yankaway
(b) Address Penna. Ave.

19 (a) JUN 3 1942 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1942 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1942 to 5-30 1942 and that I last saw her alive on 5-30 1942

Immediate cause of death Cardiac decompensation Insufficiency. — Duration

Due to Rheumatic heart disease. —

Due to Hypertensive cardiovascular disease of greater circulation —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey T. Dillon M. D.
Address Bal. City Hosp. Date signed 5-31-42

92785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. E 92785

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Ann Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Podgurski (Burke)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-05-1882

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Emilia Podgurski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sep 27 1892

8. AGE: Years	Months	Days	If less than one day
49	8	4	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Market Cleaner
11. Industry or business: Balto. City

FATHER
12. Name: John Podgurski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Catherine Klosek
15. Birthplace: Poland

16 (a) Informant: Mrs. Emilia Podgurski
(b) Address: 806 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 5 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: Balto County

18 (a) Funeral director: John J. Doherty
(b) 1600 Christian Street

19 (a) JUN 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1942 to June 1 1942 and that I last saw h.i.m. alive on May 30 1942.

Immediate cause of death: Carcinoma metastasis on cervical tissue — Duration: 6 mos.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Sigmund R. Nowak
Address 408 So. Patt. Pl. Con. Date signed 6/1/42

VS 3

92786 F 92786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Crownsville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. H-1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Catherine Bryant

3 (b) If veteran, name War

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace Enraged?

MOTHER
14. Maiden Name [illegible] Lauck
15. Birthplace Baltimore

16 (a) Informant Mercy Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director D. L. Hopkins
(b) Address Annapolis, Md.

19 JUN 3 - 19[illegible] (b) Huntington Williams Registrar
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION 50

20. DATE OF DEATH June 3 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 3 1942 and that I last saw her alive on June 3 1942

Immediate cause of death: Intestinal Obstruction — Duration

Due to Mesenteric thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months)
Date of operation June 2 1942
Major findings of operation: Strangulated intest., Mesenteric thrombosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tracy N. Spencer M.D.
Address Mercy Hospital Date signed 6/3/42

92787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. E 92787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 South Carolina St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGLIE MILLS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1935

8. AGE: Years	Months	Days	If less than one day
6	10	2	hr. min.

9. Birthplace Jackson N. C (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Mills

13. Birthplace N. C.

MOTHER 14. Maiden Name Pearl Tillery

15. Birthplace N C

16 (a) Informant Pearl Mills

(b) Address 7 S - Carolina st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brantley Ave

19 (a) JUN 3 - 1942 (b) Huntington Williams Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1942, at 12 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Intracranial hemorrhage — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence June 1st at 12 05 M

(c) Where did injury occur? Carolina St. near Baltimore (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Yes While at work? No

(e) Means of injury Pedestrian struck by auto truck

23. Signature H. L. Wallamaker M.D. Deputy Medical Examiner.

Date signed 6 - 3 - 42

92788
416645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92788 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. Locust St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Martin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-19-38

8. AGE: Years	Months	Days	If less than one day
3	6	14	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Woodrow Martin
13. Birthplace Md.

MOTHER 14. Maiden Name Clara Rang
15. Birthplace Md

16 (a) Informant Rennda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/42 (month) (day) (year)
(c) Cemetery or crematory Swedesboro
Location Canall Co.
18 (a) Funeral director Edward Tipton
(b) Address Hampstead, Md

19 (a) Registered by registrar (b) Registrar

VS F 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942, to June 3 1942 and that I last saw him alive on June 3 1942.

Immediate cause of death: Heart failure — Duration 8hrs
Due to acute Myocarditis
Due to Rheumatic Fever — Duration 6 wks
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Aubeler M.D.
Address Johns Hopkins Hosp Date signed 6-3-42

Spec.—5-18-23—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92789

CERTIFICATE OF DEATH

63a

F 92789

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Loretta ave ST. WARD) 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Johnson

(a) RESIDENCE NO. 1931 Loretta ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Johnson

6 DATE OF BIRTH (month, day, and year): Oct. 15: 1874

7 AGE — Years: 67 | Months: 7 | Days: 16 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Northampton Co Va

PARENTS

10 NAME OF FATHER: Benjamin Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Northampton Co. Va

12 MAIDEN NAME OF MOTHER: Mary Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northampton Co. Va

14 Informant: Annie Johnson

(Address): 1931 Loretta ave

15 JUN 4 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1-1942

17 I HEREBY CERTIFY, That I attended deceased from May 28. 1942. to June 1. 1942.

that I last saw her alive on May 28. 1942.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure (Mitral Regurgitation +

CONTRIBUTORY (Secondary) Enlarged Thyroid (duration) 3 yrs. mos. ds.

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Va.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

June 4 1942 (Address) 1209 Parkman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elmore, Va

DATE OF BURIAL: June 3, 19 42

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS: 322 Lanvale

WHITE FAMILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 92790 BALTIMORE CITY HEALTH DEPARTMENT F 92790 1
CERTIFICATE OF DEATH 417e Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 Wabash Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
15-11
(d) Street No. 3405 Wabash Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MORTON H. STRASBURGER.

3 (b) If veteran, name war -------

3 (c) Social Security Account No. Can't find.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth R. Strasburger.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1887.

8. AGE: Years 54 | Months 6 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Jobber.

11. Industry or business Craftint Products.

FATHER
12. Name Meyer Strasburger.
13. Birthplace

MOTHER
14. Maiden Name Lena Goldsmith.
15. Birthplace Balto. Md.

16 (a) Informant Mrs. R. R. Strasburger.
(b) Address 3405 Wabash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 JUN 4 - 1942 (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd. 1942, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1942 to June 3 1942, and that I last saw h[illegible] alive on June 3 1942.

Immediate cause of death: Metastatic carcinoma of lungs — Duration 2 mos
Due to: Carcinoma of pleura — Duration 3 mos
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Frederick Lang M.D.
Address Temple Garden Apt. Date signed 6/3/42.

VS 2

F 92731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92791 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1500 N. Bethel St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1500 N. Bethel St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anthony A. Kaiser

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henrietta Kaiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17. 1854

8. AGE: Years 88 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Machinist Helper

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Edna O. Smithson

(b) Address 5938 Kavon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4. 1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3801 Frederick Ave

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son

(b) [illegible] 501 N. Fayette St

19 (a) JUN 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 42 to June 1 1942 and that I last saw him alive on June 1 1942

Immediate cause of death

General Arteriosclerosis

Due to Myocardial Insufficiency

Due to

Other Conditions Cardiac Dilatation

Duration: 3 yrs. / 30 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Albert Rosenberg M. D.

Address 2025 E. North Ave Date signed June 3/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 92792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

786

F 92792 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 W. Preston (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Marlow ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-40

8. AGE: Years 1 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Chalimon

13. Birthplace Va

MOTHER 14. Maiden Name Arie Marlow

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Hartsfield

(b) Address 1 S Eutaw

19 (a) JUN 4 – 1942 by registrar (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to May 31 1942 and that I last saw h[illegible]ive on May 21 1942

Immediate cause of death: Lead poisoning — Duration: 2 hrs

Due to — Duration: 10 W

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Pollard M.D.

Address J. H. H. Date signed 6-5-42

VS 8

F 92793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92793 — Registered No. 8360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Gradenhall St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Gradenhall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maude Black

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Calvin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1900

8. AGE: Years	Months	Days	If less than one day
42	1	17	hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER — 12. Name Thomas Williams

13. Birthplace Ellaville Ga

MOTHER — 14. Maiden Name Mary Jones

15. Birthplace Ellaville Ga

16 (a) Informant Calvin Black

(b) Address 1104 Gradenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1058 W Montgomery Street, Md

19 (a) JUN 4 - 1942 (Date received by registrar) Huntington Williams, Md Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1942, at 4 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 2 1942 and that I last saw her alive on June 1 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to Malignant Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M. D.

Address Provident Hosp. Date signed 6/2/42

F 92791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d

Registered No. F 92794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4413 Groveland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28-1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM MUSE GRESSITT

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 219-01-2217

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eliza J. Gressitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1856

8. AGE: Years 85 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace Urbanna, Va. (Town, county, and state)
10. Usual Occupation Clerical
11. Industry or business J. A. Davis & Sons

FATHER
12. Name Mordecai Gressitt
13. Birthplace Va

MOTHER
14. Maiden Name Mary Muse
15. Birthplace Va

16 (a) Informant Mrs. Eliza J. Gressitt, wife
(b) Address 4413 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19. JUN 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1942 at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1940 to June 3 1942 and that I last saw h[illegible] alive on June 1 1942.

Immediate cause of death
(a) Cystic-tubercular Kidney disease
Due to Cerebral Hemorrhage
Due to
Other Conditions Chronic Prostatitis.
(Include pregnancy within 3 months of death)

Duration
(a) 2 yrs.

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M.D.
Address 410 E. Liberty St. Date signed 6/4/42

VS 3

F 92795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1042 F 92795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
15-10
(d) Street No. 4104 Chatham Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP HENRY WENZEL

3 (b) If veteran, name war: WW.

3 (c) Social Security Account No. 212 - 01 - 6777

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel Long Wenzel

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) March 3, 1892

8. AGE: Years 50 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Randallstown, Maryland (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business

FATHER
12. Name John George Wenzel
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name ~~Ethel~~ Philipena Conrad
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUN 4 - 1942 (Date rec'd by registrar) (b) Registrar

vs : 14

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1942 at 10:50 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31, 1942 to June 2, 1942, and that I last saw him alive on June 2, 1942

	Duration
Immediate cause of death: Acute purulent meningitis	2 days
Due to Thrombophlebitis of the cavernous sinuses	4 days
Due to Suppuration of nasal septum and sphenoid sinuses	1 week
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Chan

Address US Marine Hospital, Baltimore, Maryland. Date signed 6/3/42 M. D.

F 92796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92796 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MISS FLORENCE A. KEILHOLTZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1859

8. AGE: Years	Months	Days	If less than one day
83	4	0	hr. min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles Keilholtz
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia
15. Birthplace Maryland

16 (a) Informant Miss Ola R. Keilholtz
(b) Address 617 Reservoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave., Baltimore, Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address 1[illegible] Ave., Balto., Md.

19 (a) JUN 4 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1942, at 10:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to June 1 1942 and that I last saw h[illegible] alive on June 1 1942

Immediate cause of death Angina Pectoris — Duration

Due to Generalized Arteriosclerosis

Due to Coronary Sclerosis

Other Conditions Heart Failure

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] (Date signed)

F 92797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 92797 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Oakland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Oakland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

22-1

3 (a) FULL NAME Charles L. Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha J. Robinson
6 (c) If alive, give age 81 years
7. Birth date of deceased (mo., day, yr.) April 28, 1856

8. AGE: Years	Months	Days	If less than one day
86	1	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name Thomas Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Grafton
15. Birthplace Maryland

16 (a) Informant Mr Charles O. Robinson
(b) Address 504 Oakland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/1942 (month) (day) (year)
(c) Cemetery or crematory Methodist P. Church
Location Cemetery, Deer Creek, Md.

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave.

19 (a) (Local Registrar) (b) Huntington Williams M.D. Registrar

JUN 5 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to June 1 1942 and that I last saw him alive on June 1 1942.

Immediate cause of death	Duration
Bronchio-Pneumonia	
Due to Cardio-Vascular Disease Rt side - Pleurisy	
Due to Congestive & Heart Failure	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 6-3-42

LEVI

F 92798 BALTIMORE CITY HEALTH DEPARTMENT 131a. F 92798
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Longwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 14-3 503 Longwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Levi

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
mal	Col.	Married

6 (b) Name of husband or wife Adelaide Levi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1891

8. AGE: Years	Months	Days	If less than one day
51	11	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Abraham Levi
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Millie ?
MOTHER 15. Birthplace Md

16 (a) Informant Adelaide Levi
(b) Address 503 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. W. Kelso
(b) Address 1303 Riesterstown Rd

19 (a) JUN 4 - 1942 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942, at 1.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to June 1 1942, and that I last saw him alive on June 1 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive Cardiovascular	
Due to Prostatic Calculi	
None	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature H. Williams M.D.
Address 803 N. Fremont Ave. Date signed June 4

VS 1

F 92799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941

F 92799
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 W Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. not employed

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Bl	mar

6 (b) Name of husband or wife Sofia Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1879

8. AGE: Years	Months	Days	If less than one day
6 3	2		hr. min.

9. Birthplace Washington DC.
(Town, county, and state)
10. Usual Occupation Any Kind of
11. Industry or business laboring work

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Sofia Matthews
(b) Address 1431 W Mulberry St

17 (a) Burial (b) Date thereof 6-4-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mr Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) JUN 4 - 1941 Washington Williams, M.D.
(Date rec'd by Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1941 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to May 31 1941 and that I last saw h alive on May 31 1941

Immediate cause of death: Cardiac Failure
Duration:
Due to: acute endocarditis
Due to: arterio-sclerosis and Bronchial Asthma
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard F. French M. D.
Address 2329 Arunah Date signed 6/4/41

F 92800 74131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 b F 92800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4900 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Amity St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

8-1

3 (a) FULL NAME Moses Redmon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 51 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Thomas Redman
13. Birthplace Va.

MOTHER
14. Maiden Name Henerietta Wilson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Theo Ratje R. Williams
(b) Address 3322 Eastern Ave

19 (a) JUN 4 - 1942 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1942, at 3: A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1942 to 5-31 1942 and that I last saw him alive on 5-31 1942

Immediate cause of death: Rheumatic heart disease.
Due to Sepsis.
Due to Subacute bact. endocarditis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey A. Odlen, M.D.
Address Bell. City Hosp. Date signed 6-4-42

F 92801

F 92801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL, and give county)
(d) Street No. 1709 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Bell Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jasper Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1857

8. AGE: Years: 55 | Months: 4 | Days: 11/0 | If less than one day: hr. min.

9. Birthplace Virginia Queen Co Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Brown
13. Birthplace Virginia Queen Co Va

MOTHER
14. Maiden Name Hannah Taylor
15. Birthplace Virginia Queen Co Va

16 (a) Informant Mrs. Jasper Watson
(b) Address 1709 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1942 (Month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore Md

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1621 Druid Hill Ave Baltimore, Md.

19 (a) JUN 4 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1942. at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to June 1 1942 and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 Days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Bittenbender M. D.
Address 817 Hamilton Ave Date signed June 4/42

VS 2

92802 Bochenek 96 F 92802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 3/4

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town K-L (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 S. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances C. P. Bochenek

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-03-1216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Casimir S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1893

8. AGE: Years	Months	Days	If less than one day
49	2	24	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Packing House

11. Industry or business

FATHER 12. Name Anthony Piola
13. Birthplace Poland

MOTHER 14. Maiden Name Angelczyk
15. Birthplace Poland

16 (a) Informant Casimir S. Bochenek
(b) Address 202 S. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Gorsuch Mill Rd.

18 (a) Funeral director M. W. E. Dippel
(b) Address 20 N. Eutaw St.

19 JUN 4 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 7:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to Ruptured aneurysm of Basilar artery.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 3 1942

F 92803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92803 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
14-V
(d) Street No. 1424 Druid Hill (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine O'Neil or (Katie O'Neal)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-69/86

8. AGE: Years	Months	Days	If less than one day
56 73	4	26	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Albert O'Neil
13. Birthplace Va

MOTHER
14. Maiden Name Mary Ann ?
15. Birthplace Va.

16 (a) Informant Robert O'Neil
(b) Address 9 or Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1431 Druid Hill Ave.
(b) Huntington Williams, M.D.
Registrar

JUN 4

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942 at 6 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 31 1942 and that I last saw her alive on May 31 1942

Immediate cause of death: Myocardial Failure. Bronchopneumonia
Due to: Unresolved labor pneumonia
Due to:
Other Conditions: Diabetes mellitus

Duration: 3 days / 3 days / 27 days / 25 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J. H. H. Date signed 6-1-42

92804

BALTIMORE CITY HEALTH DEPARTMENT /50 F 92804

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St Linden Ave
(c) Hospital or institution: Maryland Gen hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Riggs Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

16-T

3 (a) FULL NAME Mrs. Bertha V. Platt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Charles Platt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18-1883

8. AGE: Years	Months	Days	If less than one day
58.	6.	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Henry Muehlhan
13. Birthplace Germany

MOTHER
14. Maiden Name Julianna Wuchsherrlein
15. Birthplace Germany

16 (a) Informant Mrs. Ellen Dailey
(b) Address 2704 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore

18 (a) Funeral director Maurice C. Dyer
(b) Address 1600 N. North Ave.

19 (a) JUN 4 [illegible] Huntington Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 6/3 1942 and that I last saw h[illegible] alive on 6/3 1942

Immediate cause of death Acute Gastric Conjestion from Gastr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gatchell Todd M. D.
Address 1111 Eye Harp Date signed 6/4/42

VS 2

2805 by Registrar

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 94 a E 92805
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Strickland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
20-6 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Strickland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hugh Tschickardt

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-07-8204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Matilda Tschickardt
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 4-1879

8. AGE: Years	Months	Days	If less than one day
62	7	30	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Stone-Cutter
11. Industry or business

FATHER
12. Name August Tschickardt
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Stahl
15. Birthplace Germany

16 (a) Informant Matilda Tschickardt
(b) Address 3039 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Maurice Cook Syfer
(b) Address 1600 W. North Ave

19 [illegible] Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1942 at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1942 to 6/3 1942 and that I last saw [illegible] alive on 6/3 1942

Immediate cause of death: Coronary thrombosis — Duration 36 hrs
Due to Arteriosclerosis
Due to
Other Conditions Sclerosis pulmonary bilateral
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morgan P. Hagner M.D.
Address 3326 Fredericks Ave Date signed 6/5/42

92806 HAT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓100 E

Registered No. E 92806

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
3-2
(d) Street No. 1146 E LOMBARD. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby. Mary Alice Colts. (Baby Doretta Ross) (Birth # 4902)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	BLACK	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-42.

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name MILTON COLTS
13. Birthplace 2

MOTHER
14. Maiden Name DORETTA ROSS
15. Birthplace

16 (a) Informant RECORDS.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 4- 1942

18 (a) Funeral director Commissioner of Health
(b)

19 (a) JUN 4- 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY-30 1942, at 4.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May-10 1942 to May 30 1942 and that I last saw h[illegible] alive on MAY-30 1942.

Immediate cause of death Bilateral renal vein thrombosis — Duration 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anne Finkelstein M. D.
Address Johns Hopkins Date signed 6-1-42

9148

F 92807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 92807

F 50394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs. 40 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 hrs. 40 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Savage (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wallace (Birth F-50394)

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1942

8. AGE: Years	Months	Days	If less than one day
			13 hr. 40 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Thomas Wallace
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Still
15. Birthplace Pennsylvania

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUN 4- 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 4- 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1942, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942 to May 28 1942 and that I last saw her alive on May 28 1942.

Immediate cause of death Aspiration Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas T. Eastman M. D.
Address Date signed

VS 8

9147

E 92808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

Registered No. E 92808

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
19-7 (d) Street No. 1527 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Long 74201

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Clyde

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1914

8. AGE: Years	Months	Days	If less than one day
28	2	27	hr. min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Porter Evans
13. Birthplace Tenn.

MOTHER
14. Maiden Name Mattie Bullington
15. Birthplace Tenn.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory
Location Bulls Gap, Tenn

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 4914 Belair Road

JUN 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 9:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to June 3 1942, and that I last saw her alive on June 3 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 6/4/42

92809 416422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92809 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 N. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Poole

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Walter R.

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 12-13-14

8. AGE: Years 27 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Md. Balto. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Wm. McCluskey
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Lombard
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial Dated (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Cath.
Location Balto. Md.

18 (a) Funeral director Geo. J. Toth Inc.
(b) Address 1138 Hanford Av

19 JUN 8 - 1942 (Date) (Signature) Huntington Williams M.D.
(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to June 4 1942 and that I last saw her alive on June 4 1942.

Immediate cause of death: Subarachnoid haemorrhage — Duration: 3 wks.

Due to: Rupture of congenital aneurysm of right internal carotid artery

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank R. Hinman Jr. M.D.
Address J. Hopkins Hosp. Date signed 6-8-42

F 92810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92810 Registered No. 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Drydock Co
(c) Hospital or institution Fairfield, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry W. Talley

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8752

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1885

8. AGE: Years	Months	Days	If less than one day
56	6	32	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Alexander Talley
13. Birthplace Va

MOTHER 14. Maiden Name Anna V. Argenbright
15. Birthplace Va

16 (a) Informant Mrs. Frank Armstrong
(b) Address 4011 42d St. Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) JUN 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1942, at 3.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquest (Autopsy or Inquiry) thereon; and from the evidence obtained by said inspection & inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Fracture of Skull	Duration
Due to	Fall	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 2nd 1942 at 3.15 P M
(c) Where did injury occur? Fairfield (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? The shop (Specify type of place) While at work? Yes
(e) Means of injury Fall from Scaffold

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 3rd 1942

VS 6

F 92811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No.

F 92811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Bryant Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Newman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-12-7249

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-1907

8. AGE: Years 34 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business

FATHER
12. Name Meyer Newman
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Freiberg
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cemetery
Location Belair Rd.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (a) JUN 5 1942 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1942 to June 4, 1942, and that I last saw him alive on June 4, 1942.

Immediate cause of death Cardiac regurgitation failure.

Due to Spontaneous pneumothorax, left.

Due to Bilateral pulmonary TBC

Other Conditions Bronchial asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Zeller
Address Sinai Hospital Date signed June 4, 1942 M. D.

3643

F 92812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

F 92812 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2009 N. Pulaski St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4

(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give name)

(d) Street No. 2009 N. Pulaski St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME MOLLY SHAPIRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Mechanical

13. Birthplace Russia

MOTHER 14. Maiden Name Dora

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)

(c) Cemetery or Crematory Herring Run

Location Pulaski Highway & Bowleys Lane

18 (a) Funeral director Jack Levin Funeral Home

(b) Address 1432 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 5 – 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/42 19 , at 11.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30, 19 42 to June 4, 19 42 and that I last saw h[illegible] alive on June 1, 19 42

Immediate cause of death: Myocardial insufficiency — Duration

Due to Arteriosclerosis

Due to

Other Conditions Chr. arthritis

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: /

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney I. Levy, M.D.

Address 2322 Eutaw Place Date signed 6/4/42

H. L. Wollenweber, M.D. Pronounced dead

F 92813

F 92813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Greenmillow
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Greenmillow st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Sngl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Balto. Md. (Town, county, state or foreign country)

10. Usual Occupation Street Cleaner

11. Industry or business City

FATHER
12. Name William Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Maggie Jackson
(b) Address 505 Greenmillow st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport Md.

18 (a) Funeral director Joseph Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by reg.) (b) Registrar

JUN 5 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1942, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1942 to 6/3 1942 and that I last saw him alive on 6/3 1942

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions Hypertension - 6 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Hawkins M.D.

Address 450 W. Biddle St. Date signed 6/4/42

F 92814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1492

F 92814 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 873 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 873 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Neeta Izola Gamble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles Gamble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1889

8. AGE: Years	Months	Days	If less than one day
52.	10	21	hr. min. 20

9. Birthplace Carroll Co. Maryland.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Charles E. Stubbins
13. Birthplace New Market Balto. Co.

MOTHER
14. Maiden Name Margaret Burns
15. Birthplace Carroll Co. Maryland

16 (a) Informant Charles E. Stubbins
(b) Address 873 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Conaway & Son
(b) Address 90[illegible] Collins St.

19 (a) JUN 5 - [illegible] (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1942, at M

21. I certify that death occurred on the date above stated that I attended deceased from Nov 1 1940. to 6/4 1942.
and that I last saw her alive on

Immediate cause of death: Carcinoma of Vulva — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maynard C. Shanahan

Address 1945 N. Calvert St. Date signed 6/9/42

VS 3

F 92815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 92815
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 3320 Rogers ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42 Bronfield ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Homer N. Pollitt

3 (b) If veteran, name war No
3 (c) Social Security Account No. 214-16-6911

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Laura M. Pollitt
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1875

8. AGE: Years 66 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Laurel, Del.
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Hardware business

FATHER
12. Name Louis Pollitt
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Williams
15. Birthplace Md.

16 (a) Informant Mrs. Laura M. Pollitt, wife
(b) Address 3320 Rogers Ave. (c/o Armstrong)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUN 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3- 1942 at 6.20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malcolm M.D.
Medical Examiner.
Date signed 6-3-42

VS 6

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92816

F 92816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Presbury St.
(c) Hospital or institution:
15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Presbury St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME ROBERT S. DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Hannah M. Davis
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/15/1856

8. AGE: Years	Months	Days	If less than one day
85	5	18	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Lumber Inspector
11. Industry or business B. & O. R. R.

FATHER
12. Name Thomas B. Davis
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden Name Mary A. Allen
15. Birthplace Fawn Grove, Pa.

16 (a) Informant Mrs. Robert S. Davis, wife
(b) Address 2706 Presbury St.

17 (a) Burial (b) Date thereof 6/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Northern Pa. Ave.

19 (a) JUN 5 - 1942 (Date registered) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1942 to June 3rd 1942 and that I last saw him alive on June 3 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Generalized arteriosclerosis	
Due to senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Huntington Williams M.D.
Address 3045 W. North Ave. Baltimore, Md.

VS 8

Gaa

F 92817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1338

F 92817

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Walbrook (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louie Gaa

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Married

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/11/1899

8. AGE: Years 42 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baden (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Louis Gaa
13. Birthplace Germany

MOTHER
14. Maiden Name Hedwig Eisinger
15. Birthplace Baden

16 (a) Informant Mrs. Louis Gaa
(b) Address 2814 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd., Dorsey Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1902 E. Pa. Aves.

19 (a) JUN 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 4 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1942 to 6-4 1942 and that I last saw h alive on 6 4 1942

Immediate cause of death: Uremia — Duration: Life

Due to: Polycystic Kidney

Due to:

Other Conditions: Cystic Liver

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Polycystic

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Smith M. D.
Address 4 Mich Hosp Date signed

VS 3

F 92818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

F 92818 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2057 Druid Park Drive
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2057 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward H O'Hara

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie C Carter
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 23 1875

8. AGE: Years	Months	Days	If less than one day
67	1	10	____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business R. R.

FATHER
12. Name Charles O'Hara
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Mullen
15. Birthplace Ireland

16 (a) Informant Chas. E. O'Hara
(b) Address 2057 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director Theo. F. Conway
(b) Address Hollins & Carlton

JUN 5 – 1942 (Date rec'd by Registrar) (b) Huntington Millington, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death: Acute Cardiac Dilatation — Duration 30 min.
Due to Cardiac Hypertrophy — ?
Due to Hypertension. — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira Summerfield, M. D.
Address Medical Arts Bldg Date signed 6/7/42

F. L. Wallenmeyer M.D. Asst. Med. Exa.

F 92819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 92819

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1212 N. Caroline St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1212 N. Caroline
(If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME DOMENICO BELLISTRI

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1872

8. AGE: Years 70 | Months 2 | Days 21?20 | If less than one day hr. min.

9. Birthplace Augusta Italy
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Domenico Bellistri

13. Birthplace Italy

MOTHER

14. Maiden Name Giuseppa Colanzuna

15. Birthplace Italy

16 (a) Informant Sebastiana Bellistri (Brother)

(b) Address 1212 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 1212 N. Morley St.

JUN 5 - 1942

(Date rec'd by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to June 4 1942, and that I last saw him alive on June 3 1942.

Immediate cause of death Terminal pneumonia — Duration 3 Dy

Due to Chron. Pan. Carcinoma — 3 mo.

Due to Myocarditis and Endocarditis — 4½

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank V. DiPaula M. D.

Address 232 S. Caroline Date signed 6-5-42.

VS 3

F 92820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 5 a F 92820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Un Mem Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Eleanor Av. Ch (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs William Edgar Jones (Frances) (FRANCES Boyd JONES)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Wm E. Jones
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 2 1869

8. AGE: Years	Months	Days	If less than one day
72	9	1	hr. min.

9. Birthplace Tyler, W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Kendall Boyd
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Bisson
15. Birthplace Md

16 (a) Informant Daughter
(b) Address Above

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Windsor Mill Rd.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (Mrs. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Filed JUN 5 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3-42 19 .. at 10:33 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942. to June 3 1942. and that I last saw h Ov alive on June 3 1942.

Immediate cause of death Cardiovascular failure

Due to Coma (hepatic intoxication) 7d

Due to Acute yellow atrophy of liver 3 wks?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: autopsy
of autopsy: atrophic liver

Duration
7d
3 wks?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Vasbit, Jr. M. D.
Address Union Memorial Hosp Date signed 6-3-42

F 92821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515-Lamont Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sara Shrader (Sarah Ann Shrader)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elmer F. Shrader
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 11/27/1882

8. AGE: Years 59 | Months 6 | Days 87 | If less than one day — hr. — min.

9. Birthplace Adams Co. Pa
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name ? Baker
13. Birthplace Pa.

MOTHER
14. Maiden Name ?
15. Birthplace Pa.

16 (a) Informant Elmer F. Shrader
(b) Address 1515-Lamont Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Mount Olivet Rd

18 (a) Funeral director George J. Pfeltz Sons
(b) Address 1725 Harford Ave

19 (a) Filed (Date) JUN 9 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1942 at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1942, to 6/4 1942 and that I last saw h[illegible] alive on 6/4 1942

Immediate cause of death: Acute Heart Failure — Duration: 2 hrs
Due to: Arteriosclerotic Heart Disease — Duration: 15 yrs
Due to:
Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Youngkeit
Address St. Joseph's Hospital Date signed 6/4/42 M.D.

F 92822 AB-24254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 92822 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 19-F
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Byrd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1889

8. AGE: Years	Months	Days	If less than one day
53	2	16 18	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Potty Byrd (D)
13. Birthplace S.C.

MOTHER
14. Maiden Name Anna Boyd (D)
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6 5 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Mt Wilson Md

18 (a) Funeral director Mr Walter R. Williams
(b) Address 372 N. Schroeder St.

19 (a) June 5 1942 (b) Huntingtown Williams, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1942, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1942 to 6-1 1942 and that I last saw alive on 6-1 1942.

Immediate cause of death	Duration
Gangrene Rt Leg	2
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-31-42
Major findings of operation: Gangrenous Leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stitt M. D.
Address Balto City Hosp Date signed 6-5-42

F 92822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51b F 92823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Benninghaus Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs. 27 - 8
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Benninghaus Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Matthews Fergusson

3 (b) If veteran, name war: ____
3 (c) Social Security Account No. 521-09-6713

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: ____
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 22, 1891

8. AGE: Years	Months	Days	If less than one day
51	2	14	— hr. — min.

9. Birthplace La Plata, Md. (town, county, and state)
10. Usual Occupation Filing Clerk
11. Industry or business Md Casualty Co.

FATHER
12. Name Robert C. Fergusson
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Fergusson
15. Birthplace Md.

16 (a) Informant Oscar A. Fergusson
(b) Address 225 E. 25th St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

JUN 5 — 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1942, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941, to June 5 1942, and that I last saw him alive on June 4 1942

Immediate cause of death
Due to Carcinoma of Liver
Due to Secondary to
Due to Prostate Carcinoma
Other Conditions

Duration 12 months

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Deane M. D.
Address 2105 Clark Date signed June 6/42

VS 8

92824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a W

Registered No. 92824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made on information received from informant. Please answer questions correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4115 Chatham Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10

(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 4115 Chatham Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Bethea Gary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower.

6 (b) Name of husband or wife Sallie K. Gary.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apl 3 1865

8. AGE: Years	Months	Days	If less than one day
77	2	2	hr. min.

9. Birthplace Jefferson Co Ga (Town, county, and state)

10. Usual Occupation

11. Industry or business Laundry.

FATHER

12. Name Robert Brodenant Gary

13. Birthplace Unknown

MOTHER

14. Maiden Name Pounnelle

15. Birthplace Unknown.

16 (a) Informant Mrs Henry Williams

(b) Address 4115 Chatham Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1942 (month) (day) (year)

(c) Cemetery or crematory Swainsboro

Location Swainsboro Ga.

18 (a) Funeral director Harry T. Annacat

(b) Address 4204 Ridgewood Ave

19 (a) JUN 5 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~May~~ 6/3 1942 to 6/5 1942 and that I last saw him alive on June 4 1942.

Immediate cause of death ~~Coma~~ Recurrent cerebral thrombosis — Duration 2 days.

Due to

Due to

Other Conditions Generalized Arteriosclerosis — ? (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Earl L. Chambers M.D.

Address 4108 Liberty Hts Date signed 6/5/1942

F 92825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93a F 92825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Boone street
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---9 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Boone street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE W. MACKINSON

3 (b) If veteran, name war ------
3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Robert E. Mackinson
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1900

8. AGE: Years	Months	Days	If less than one day
41	9	15	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Thomas P. O'Donnell
13. Birthplace England

MOTHER
14. Maiden Name Katherine R. Boylan
15. Birthplace Baltimore, Md.

16 (a) Informant Robert E. Mackinson
(b) Address 2003 Boone street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son
(b) Address 11 E. N. Mt. Royal Ave

19 (a) JUN 5 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to June 4 1942 and that I last saw h[illegible] alive on June 4 1942

Immediate cause of death	Duration
(a) Subacute Myocarditis with decompensation	Months ?
Due to (b) Dental Caries	
Due to (c) Pyorrhea	
Other Conditions Secondary Anemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Grafe
Address 20 E Biddle Date signed 6/6/42

VS 3

F 92826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d F 92826 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 S. Exeter St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 S Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Antonio Tongiani

3 (b) If veteran, name war: none.

3 (c) Social Security Account No. 216-03-0380

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male.	White	married

6 (b) Name of husband or wife Victoria Tongiani
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1872

8. AGE: Years	Months	Days	If less than one day
65.	32	1413	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Shipwright
11. Industry or business Ship Yard

FATHER
12. Name Innocenzo. Tongiani
13. Birthplace Italy

MOTHER
14. Maiden Name Laura D'Amico
15. Birthplace Italy

16 (a) Informant Victoria Tongiani
(b) Address 16 S. Exeter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Wendell Riegel
(b) Address 312 S. Highland Ave

19 (a) JUN 5 1942 (b) Huntington Williams, M.D.
(Registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 10 A.M. Yes

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to June 3 1942
and that I last saw h[illegible] alive on June 3 1942

Immediate cause of death: Acute Myocardial Insufficiency due to Ch. Endocarditis

Duration
acute 3 mos.
?

Due to

Other Conditions Decompensated Heart

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 700 E Fallst Date signed June 5 1942

F 92827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 F 92827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 319 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margreth. Kuhn

3 (b) If veteran, name war: none (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife: Conrad. Kuhn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12. 1884.

8. AGE: Years	Months	Days	If less than one day
58.	4	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House. wife
11. Industry or business

FATHER
12. Name Andrew Marx.
13. Birthplace Germany

MOTHER
14. Maiden Name Margreth Bauer
15. Birthplace Germany

16 (a) Informant Conrad. Kuhn
(b) Address 319 S. Clinton St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof June 9. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location Ellicott City Md.

18 (a) Funeral director Randell Siegel
(b) Address 3[illegible] [illegible]

19 (a) JUN 5 – 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942, at 6 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1942 to 6/4 1942 and that I last saw her alive on 6/31 1942.

Immediate cause of death Coronary thrombosis
with pneumonia — Duration: yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank V. Marcus M. D.
Address 233 S. Eutaw. Date signed 6/5/42

VS 8

92828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 92828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 Ceasego Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Ceasego Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude C. Ross

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Thomas R. Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 –

8. AGE: Years	Months	Days	If less than one day
70	1	1	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank R. Cross
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary Howell
15. Birthplace Norfolk Va

16 (a) Informant Florence F. Bush
(b) Address 2703 Eutaw ave

17 (a) Burial (b) Date thereof 6/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director Thomas D. Covington
(b) Address 21 W 23rd St

19 JUN 5 – 1942 (b) Huntington Williams, M.D.
(Date rec'd by Local Reg.)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 – 4 – 1942, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held a Autopsy & Inquest (Autopsy or Inquiry) and that from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Muldaur M.D.
Medical Examiner.
Date signed 6-4-42

92829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 92829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 93rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 12 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lowell Winslow Carver (Pearl W. Carver)

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Lowell Winslow Carver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 27, 1884

8. AGE: Years 57 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Brown
13. Birthplace Canada

MOTHER
14. Maiden Name Theresa Taylor
15. Birthplace Canada

16 (a) Informant John A. Fuller
(b) Address Abell Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

19 (Date rec'd by registrar) JUN 5 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1942 to 6/1 1942 and that I last saw h[illegible] alive on 6/1 1942

Immediate cause of death: Cerebral hemorrhage — Duration 2 days

Due to: Hypertensive cardio vascular disease — (C)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen F. Delevett
Address Union Memorial Hospital Date signed 6/4/42

VS 3

92830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. F 92830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Information must be complete and correct as far as known. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 N. Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County — —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Bethel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 38 years

3 (a) FULL NAME Frank. Kordek

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-01-1469

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosalia, Kordek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/1891

8. AGE: Years 60 Months 6 Days - If less than one day hr. min. 64

9. Birthplace Berno. Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Kordek
13. Birthplace Poland

MOTHER 14. Maiden Name Rose. Kozlowska
15. Birthplace Poland

16 (a) Informant Rose. Kordek
(b) Address 406. S. Bethel. Str

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore Co

18 (a) Funeral director Wm Fiszpowski
(b) Address 1618. Eastern Ave.

19 JUN 5 — 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 11:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 4 1942 and that I last saw h— alive on June 4 1942 9:30 pm.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days.

Due to Diabetes Mellitus - Cardio-Renal Hypertensive Uremia ? — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Luidler M. D.
Address 2348 Eastern Ave. Date signed 6/5/42

VS 3

F 92831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 F 92831 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES M. GARNETT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Attorney - retired
11. Industry or business

FATHER
12. Name James M. Garnett
13. Birthplace Virginia

MOTHER
14. Maiden Name Kate H. Noland
15. Birthplace Virginia

16 (a) Informant Susan H. Grant
(b) Address 508 Woodlawn Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Sharon Memorial Park
Location Mt. Sterling, Va.

18 (a) Funeral director Thos. D. Mitchell & Son
(b) Address 1960 Eastern Place

JUN 5 1942 (Date received by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1942 at 11:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I, find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Leg	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 6-5-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 92832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. Univ Mem Hosp
(c) Hospital or institution: Union Mem Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Park Av. City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr Charles W. Larned

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Mrs Cornelia S. Larned
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) Oct 1, 1872
8. AGE: Years 71 | Months 7 | Days 3 | If less than one day hr. min. 1870
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation M.D.
11. Industry or business

FATHER
12. Name Frank H. Larned
13. Birthplace Mich.

MOTHER
14. Maiden Name Helen Murray
15. Birthplace Mich.

16 (a) Informant Everard C. Larned
(b) Address 1327 Park ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Green Mount Ave & Oliver St
18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place
Filed JUN 5 [redacted] (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1942, at 11 39 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1942 to 6-4 1942 and that I last saw h/ alive on 6-4 1942
Immediate cause of death Cardiac failure — Duration
Due to Hypertensive Cardio Vasc. disease — ? 2 yrs
Due to Generalized Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Generalized advanced A[illegible]

PHYSICIAN Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Hassett, Jr. M. D.
Address Union Memorial Hosp. Date signed 6-4-42

VS 8

F 92833 ✓ F 92833

BALTIMORE CITY HEALTH DEPARTMENT 94a Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Mem. Hos.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Shuter Peace

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widow

6 (b) Name of husband or wife Lida Mills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/7/1882

8. AGE: Years	Months	Days	If less than one day
59	11 10	3 27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Mfg. agent
11. Industry or business Steel

FATHER
12. Name Charles F. Peace
13. Birthplace Va.

MOTHER
14. Maiden Name Adelaide M.
15. Birthplace Va.

16 (a) Informant Mr. A. P. Weaver
(b) Address 2533 St. Paul St.

17 (a) Dremation (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John Oursler Rose
(b) Address 1900 Eutaw Place.

19 (a) JUN 5 1942 (Date filed by city registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18/1950 19 to 6/4/1942 19; and that I last saw h im alive on 6/4/42 19.

Immediate cause of death: Coronary Occlusion — Duration: Sudden.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edwin P. Grant M.D.
Address 115 St. Paul St. Date signed 6/5/42

VS 8

F 92834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157h

Registered No. F 92834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John a Lafayette
(c) Hospital or institution: Woman's Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MA (b) County Ballastown
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Clarke Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Michel Fleet (Birth F-46346)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1942

8. AGE: Years	Months	Days	If less than one day
	2	21	hr. min.

9. Birthplace Woman's Hospital (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business Baby

FATHER
12. Name Emmanuel Jerome Fleet
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Zeeva Bloda
15. Birthplace Tulsa Okla

16 (a) Informant Zeeva Bloda Fleet
(b) Address 3700 Clarke Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)
(c) Cemetery or crematory Loss
Location Rosedale
18 (a) Funeral director Jack Lewis Inc.
(b) Address 1499 E. Balto. St

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1942, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1942, to June 4th 1942; and that I last saw her alive on June 4th 1942.

	Duration
Immediate cause of death Pneumonia	Terminal
urinary tract infection	Prob.
Due to Congenital anomaly of G.U. tract	
Due to	
Other Conditions Impetigo Contagiosa	Recent

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: Congenital anomaly of ureters
Date of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutherland M. D.
Address Woman's Hospital Date signed 6-5-42

VS 1

92835 F 92835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cotton + Williams
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Halethorpe
(d) Street No. 4702 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ann Phillips Stanley Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-8460

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, widowed, or ~~divorced~~ Married

6 (b) Name of husband or wife Edna J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1891

8. AGE: Years 50 ✓ Months 5 Days 23 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Mrs.

11. Industry or business W. S. T. G. Inc. Co.

FATHER
12. Name Dead
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Feeney
15. Birthplace Md.

16 (a) Informant Edna J. Andrews
(b) Address 4702 Wash. Blvd. Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Little
(b) Address 4101 E. Monument Ave

19 JUN 5 – 1942 Huntingtown Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 4 1942 and that I last saw him alive on June 4 1942

Immediate cause of death: Cerebral hemorrhage

Due to

Due to

Other Conditions Essential Hypertension

(Indicate pregnancy within 3 months of death)

Duration

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Bonham, M.D.
Address H. Glover Harper Date signed 6/4/42

92836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92836
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Hospital East. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Westgate Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary R. Zies

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Frederick Zies
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1873

8. AGE: Years	Months	Days	If less than one day
68	6	12	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Richards
13. Birthplace England

MOTHER
14. Maiden Name Martha Lucas
15. Birthplace England

16 (a) Informant Mr. Frederick Zies
(b) Address 432 Westgate Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitchell
(b) Address 4101 Edmondson Ave

19 (a) JUN 5 1942 Registered (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1942 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to June 2 1942 and that I last saw h alive on June 2 1942

Immediate cause of death pneumonia — Duration

Due to acute cholecystitis

Due to

Other Conditions diabetes mellitus
arteriosclerotic C.V. Disease
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. J. Ruell M. D.
Address 1100 Hoop Date signed 6/3/42

92837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 92837
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4644 Rokeby Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4644 Rokeby Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
88	7	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Joseph B. Downs
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Eliz. Ann Adams
15. Birthplace Maryland

16 (a) Informant Mrs. Harry G. Hudson
(b) Address 4644 Rokeby Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Road

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Avenue

19 (a) JUN 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1937, to June 3 1942, and that I last saw her alive on June 3 1942.

Immediate cause of death	Duration
Generalized Arteriosclerosis	1937
Due to Cardiac Insufficieney	1941
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kemp M. D.
Address 3030 Edmondson Ave. Date signed 6/5/42

VS 8

92838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172 Registered No. F 92838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Talbott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Robertson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-14-2644

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lily Dark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1890

8. AGE: Years 51 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Fayette, Mo (town, county, and state)

10. Usual Occupation Shipwright

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name James D. Robertson
13. Birthplace Mo.

MOTHER
14. Maiden Name Alice May Parker
15. Birthplace —

16 (a) Informant Mrs. Lily Robertson
(b) Address 31 Talbott St (Brooklyn)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3800 Frederick Ave.

18 (a) Funeral director Harry K. Witzke
(b) Address 401 E. Monument St

19 (a) JUN 5 – 1942 (Date received by registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1942, at 8:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-3-42 at 11.55 A.M
(c) Where did injury occur? Fairfield Shipbuilding Corp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public Public (Specify type of place) While at work? Yes
(e) Means of injury Fell from staging to ship

23. Signature Howard J. Whelan M.D. Medical Examiner.
Date signed 6-4-42

V8 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every item. Information called for in every item is necessary for the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

92839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

F 92839

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie H. Busby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gordy R. Busby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1896

8. AGE: Years 46 | Months 23 | Days 26 | If less than one day: hr. min.

9. Birthplace Birmingham Alabama (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name C. H. Howell

13. Birthplace Tennessee

MOTHER 14. Maiden Name — Hardin

15. Birthplace Tennessee

16 (a) Informant Gordy L. Busby

(b) Address 1617 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location Burning Lawn Alabama

18 (a) Funeral director Harry H. Fiske

(b) Address 4101 Edmondson Ave.

19 JUN 5 — 1942 Huntington-Williams Mort. (Date rec'd by reg.) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 10 A M

21. I certify that death occurred on the date above stated: that I attended deceased from May 28 1942, to June 4 1942 and that I last saw h alive on June 4 1942

Immediate cause of death Carcinoma of pancreas with metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 4, 1942

Major findings of operation Carcinomatosis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. C. Wilson M.D.

M. D.

Address Univ. Hosp. Date signed 6-4-42

VS 8

92840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 92840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 David Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 David Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Stubbs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maude E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1894

8. AGE: Years 47 | Months 8 | Days 15 | If less than one day: hr. min.

9. Birthplace Gloucester C. Va. (Town, county, and state)

10. Usual Occupation Automobile Mechanic

11. Industry or business

FATHER
12. Name Robert Stubbs
13. Birthplace Virginia

MOTHER
14. Maiden Name Viola Johnson
15. Birthplace Virginia

16 (a) Informant Mrs. Pearle E. Stubbs
(b) Address 2514 David Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore C. Md.

18 (a) Funeral director Mrs. George M. Holland
(b) Address 1631 David Hill Ave.

19 JUN 5 – 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1942, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1942 to 6/2 1942, and that I last saw him alive on 6/2 1942.

Immediate cause of death Hypertension — Cerebral Apoplexy

Due to Paralysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. W. Stubbs M. D.
Address 134 David Hill Ave Date signed 6-4-42

VS 3

Please write clearly, using ink. Do not use pencil. Be sure that every item is correct and complete. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are especially important. Physicians: please write the causes of death clearly and legibly.

92841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135 Registered No. F 92841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this office before burial can be made. Information must be complete and correct as far as possible. Every question must be answered or a satisfactory reason given for omission. Data as to exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 S. Poppleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md. (If outside city limits write RURAL and give town)
(d) Street No. 8 S. Poppleton St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-8439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24 - 1900

8. AGE: Years	Months	Days	If less than one day
41	6	9 10	hr. min.

9. Birthplace Balto Md. (town, county and state)
10. Usual Occupation Hamster
11. Industry or business

FATHER
12. Name Richard Wilson
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Charoletta Hartman
15. Birthplace Balto Md

16 (a) Informant Mrs Cora Hardesty
(b) Address 120 Allison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George L. Lehnert.
(b) Address 2101 Pulaski Ave

19 JUN 5 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to June 3 1942, and that I last saw [illegible] alive on June 3 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kennedy M. D.
Address 1934 Wilkens Ave Date signed 6/4/42

VS 3

92842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e

F 92842
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if available. Do not abbreviate. Answer each question. If none, write none. If unknown or if question does not apply, write unknown or insert proper word to show that no item has been omitted. Be sure that your answer is placed in the proper space and that it is entered in the right column. Do not enter information in space reserved for information to be supplied by the registrar. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Please state the disease causing death, or in deaths from violence, the nature of injury resulting in death. Do not state the mode of dying, such as heart failure, asphyxia, or anemia. Please sign your name.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME Mrs. Frances Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James Johnston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9 - 1856

8. AGE: Years	Months	Days	If less than one day
86	8	25	24 hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Retired Housewife

11. Industry or business

FATHER
12. Name Bernard
13. Birthplace Germany

MOTHER
14. Maiden Name Hauffingord
15. Birthplace Germany

16 (a) Informant Mrs. Anna Stefenius
(b) Address 16 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 - 1942 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George Lee Lafrunt.
(b) 1 Cudrick ave.

19 (a) JUN 5 - 1942 (Date rec'd by registrar) Washington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942, to June 3 1942, and that I last saw h[illegible] alive on June 3 1942.

Immediate cause of death Carcinoma of Colon — Duration 8 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reuben Lockhart

Address 910 W Lombard St Date signed 6/4/42 M. D.

92843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92843

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eastaugh Place
(c) Hospital or institution: Francis T. Gallagher Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m 9dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Elmtree St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tipo B Flynn

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Hattie M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1863

8. AGE: Years	Months	Days	If less than one day
78	6	24 29	hr. min.

9. Birthplace Ky. (town, county, and state)
10. Usual Occupation Moulder
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace — —

MOTHER
14. Maiden Name — —
15. Birthplace — —

16 (a) Informant Mrs Lucille A Flanagan
(b) Address 1530 Elmtree st Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William Marech
(b) Address 715 Light St

19 JUN 5 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to June 4 1942, and that I last saw h[illegible] alive on June 4 1942

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M.D.
Address 2324 Reisterstown Rd Date signed 6/16/42

F 92844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95b F 92844 Registered No.

PLEASE WRITE PLAINLY. WITH ONE ENTRY IN EACH SPACE. USE BLACK INK. ENTRIES MUST BE MADE IN PERMANENT INK OR TYPEWRITTEN. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3138 McElderry Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

610

3 (a) FULL NAME FRANK STAWSKY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-0056

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/26/18

8. AGE: Years	Months	Days	If less than one day
24	4	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business Sebelein Meat Packers

FATHER
12. Name Frank James Stawsky
13. Birthplace Russia

MOTHER
14. Maiden Name Louise Pohl
15. Birthplace Hungary

16 (a) Informant Louise Swanson (mother)
(b) Address 3138 McElderry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Chas. E. Schimunek
(b) Address 2601 E. Madison Street

19 JUN 5 - 1942 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1942 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24, 1942 to June 3, 1942 and that I last saw him alive on June 3, 1942.

Immediate cause of death	Duration
Unknown	
Due to Subacute bacterial endocarditis	2 mos. ?
Due to Rheumatic heart disease	12 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harriet Zeigler
Address Sinai Hospital Date signed June 3, 1942

VS 8

F 92845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a Registered No. F 92845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Milton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Williams

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Robert H. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/28/[illegible]

8. AGE: Years	Months	Days	If less than one day
28	5	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John McQuade, Sr.
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Smetana
15. Birthplace Baltimore, Md.

16 (a) Informant Dr. R. H. Williams (Husband)
(b) Address Station Hosp. Ft. Geo. Meade Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Chas. E. Schimunek
(b) Address 2601 E. Madison Street

19 JUN 5 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1942 to 6-4 1942, and that I last saw her alive on June 4 1942.

Immediate cause of death	Duration
pulmonary embolism	
Due to subacute bacterial endocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Revell M. D.
Address 1100 W. Hoyo Date signed 6-4-42

VS 2

92846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. F 92846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No. 224-05-0407

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alee Rooks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Greenville Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jurgis Rooks
13. Birthplace Greenville Va.

MOTHER
14. Maiden Name Estelle Moody
15. Birthplace Greenville Va

16 (a) Informant Alee Rooks
(b) Address 404- Stricker st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. & Co. Md.

18 (a) Funeral director Chas H Aldridge
(b) Address 927 N. Mount St.

JUN 6 - 1942 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of 6th cervical vertebra — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 3, 1942 at 10 P.M.
(c) Where did injury occur? B & O Railroad Yard Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Railroad - fell off car

23. Signature H. R. Wollenmeber M.D. Medical Examiner.
Date signed 6-5-42

VS 6

F 92846 417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent black ink or typewritten. Do not use abbreviations. The certificate must be filled in completely and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 St Paul (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice C. Dohme

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife [redacted]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-73

8. AGE: Years	Months	Days	If less than one day
69	1	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gustavius Dohme
13. Birthplace Europe

MOTHER
14. Maiden Name Martha Vickers
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Sullivan & Mcgrath
(b) Address 108 N Mt Ave.

19 JUN 6 1942 (b) Registrar's signature Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to June 5 1942 and that I last saw h[redacted] alive on June 5 1942

Immediate cause of death: Uremia — Duration: 3 days
Due to: Pneumonia — 2 wks.
Due to:
Other Conditions: Arteriosclerotic Heart Disease & Aur. Fibrillation — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Hamm M.D.
Address Johns Hopkins Hosp. Date signed 6/5/42

92848
2-19-067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 92848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 Fourth Drive, N. W. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C. Fackler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-28-01

8. AGE: Years	Months	Days	If less than one day
40	6	8	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Simon Fackler
13. Birthplace Ohio

MOTHER
14. Maiden Name Julia Eisele
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)
(c) Cemetery or crematory
Location New Philadelphia Ohio

18 (a) Funeral director Stivender Mortuary
(b) Address 10 Irving Place

JUN 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 1 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to June 5 1942, and that I last saw her alive on June 5 1942

Immediate cause of death Meningeal Hemorrhage

Due to Cause unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 7 1942

Major findings of operation: Meningeal Tuberculosis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Pollard M. D.
Address J. H. H. Date signed 6-5-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entirely supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92847

HEALTH DEPARTMENT—CITY OF BALTIMORE F 92849

CERTIFICATE OF DEATH ✓ 1159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St., ... Ward)

Length of residence in city or town where death occurred 3 mo. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Karamedas

(a) Residence: No. 2215 W. Lexington St., Ward. (Birth F 49941.)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 - 1942

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq. Hospital Fayette & Calhoun Sts

FATHER

13. NAME Constantine Karamedas

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Evelyn Mary Caldwell

16. BIRTHPLACE (city or town) (State or country) Balto; Md.

17. INFORMANT Mrs. Constantine Karamedas

(Address) 2215 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUN 5 - 1942

19. UNDERTAKER Commissioner of Health

JUN 5 - 1942

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel E. Gross M. D.

(Address) 1405 W. Eager St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

9149

92850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 F 92850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Dunkland
(c) Hospital or institution: N. Balto. Gen. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rosebank Rd. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Naumann Jones. (Birth F-5 1591)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace N. Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Hillis Albert.
13. Birthplace Balto.

MOTHER
14. Maiden Name Naumann
15. Birthplace Balto.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 5 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1- 1942 to 6-4- 1942 and that I last saw him alive on 6-3- 1942

Immediate cause of death (a) Cerebral Hemorrhage — Duration
(b) Fetal atelectasis
Due to
Due to Pul. Atelectasis (newborn)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Penman M.D.
Address Wet Hosp. Date signed 6-4-42

VS 3

9150

THERE WARNS FRAUD, WITH UNKNOWING INK. Every item of information should be entirely supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57e Registered No. E 92851

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Rd Hosp Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 E. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl McGlynn (Birth # 5053)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1 day	hr. min.

9. Birthplace Franklin Sq. Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Aloysius McGlynn
13. Birthplace Wilkesbarre, Pa.

MOTHER
14. Maiden Name Lottie Elizabeth Davidziak
15. Birthplace Wilkesbarre, Pa.

16 (a) Informant Mrs. William McGlynn
(b) Address 1619 E. Lafayette St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 5 - 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942, to June 2, 1942, and that I last saw her alive on June 2, 1942.

Immediate cause of death Congenital Heart Disease
Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congenital Heart Subarachnoid Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 6/4/42

VS 2

9151

92852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 C F 92852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Francis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Infant Davis (Birth F-5075)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-42

8. AGE: Years	Months	Days	If less than one day
			hr. 5 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James Davis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ethel Parham
15. Birthplace Baltimore Md.

16 (a) Informant James Davis
(b) Address 2408 Francis St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 - 1942

18 (a) Funeral director Commissioner of Health
(b) JUN 5 - 1942 Registrar

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 10 1/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1942, to June 3 1942, and that I last saw him alive on June 3 1942.

Immediate cause of death	Duration
Toxemia and Prolonged Labor	
Due to Maternal Toxemia	
Due to Eclampsia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carsen C. Johnson M. D.
Address Provident Hospital Date signed 6-5-42

VS 1

9152

Please write clearly. Physicians: please write the causes of death clearly and legibly. Punctuate correctly. Be sure that the age is entered correctly. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legib

92853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

F 92853 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital.
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Md
(c) City or town Baltimore. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Marlborough Apts Eutaw & Wilson Sts.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emanuel Hechheimer.

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Hattie Hechheimer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 25-1845

8. AGE: Years	Months	Days	If less than one day
96	9	11	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired Clothing Sales

FATHER
12. Name Henry Hechheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Rachel (Dont Know)
15. Birthplace Germany

16 (a) Informant Jay Frankel
(b) Address 248 Centre Ave -New Rochelle, N.Y.
17 (a) Hebrew Friendship Cemetery (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cem.
Location Balto & Conkling Sts
18 (a) Funeral director Adreon & Co
(b) Address 2432 Reisterstown Rd.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1942 at 4:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sep 1940 to 6/5 1942 and that I last saw h[illegible] alive on 6/5 1942.

Immediate cause of death	Duration
Acute Coronary Occlusion	
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlborough Date signed 6-5-42

VS 3

92854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√937 Registered No. F 92854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis P. Harkel

3 (b) If veteran, name war no | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine W. Harkel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1871

8. AGE: Years	Months	Days	If less than one day
71	0	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business News Dealer

FATHER
12. Name John Harkel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Unknown
15. Birthplace Germany

16 (a) Informant Catherine W. Harkel
(b) Address 117 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director William Fox Inc
(b) Address 1247 St. Paul St.

19 JUN 6 — 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1942, at 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, 1942, to June 4, 1942, and that I last saw him alive on June 4, 1942.

	Duration
Immediate cause of death: Congestive Heart Failure	4 hours
Due to: Chronic Myocarditis	Unknown
arteriosclerosis	Unknown
Due to:	
Other Conditions: Hemorrhoidectomy on 5/30/42 at Md. General Hosp. (Include pregnancy within 3 months of death)	

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip Harkel Antognini
Address 2942 E. Fayette St. Date signed 6/5/42

VS 3

F 92855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 92855 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 255 N. Payson St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 255 N. Payson St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John T. White

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Mary E. White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27th 1886

8. AGE: Years	Months	Days	If less than one day
55	9	7	hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Bricklayer

FATHER

12. Name William White

13. Birthplace N. C.

MOTHER

14. Maiden Name Mary E. Cotton

15. Birthplace Kentucky

16 (a) Informant Mary E. White

(b) Address 255 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director William Cook Inc

(b) Address 1417 St. Paul St

19 [illegible] JUN 8 - 1942

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1942, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2, 1916, to June 4 1942 and that I last saw h[illegible] alive on June 2 1942.

Immediate cause of death Nephritis

Due to Arterio Sclerosis Hypertension

Due to Chronic Nephritis

Other Conditions Hemiplegia (Left side)

(Exclude pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Hagerty Jr

Address 701 Medical Arts Bldg Date signed June 8 1942

VS 2

92856 XB-74427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83b

F 92856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balt imore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs. 45 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 96 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 East 31st. Street (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Margaret Hatfield

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NIDE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James Hatfield(D)
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 14-1872

8. AGE: Years	Months	Days	If less than one day
69	6	20	hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Forwood
13. Birthplace Md

MOTHER
14. Maiden Name Susan Forwood
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Johns
Location Waverly

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 42, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 19 42, to 6/3 1942, and that I last saw h cr alive on 6/3 19 42.

Immediate cause of death	Duration
Cerebral Thrombosis	1 day
Broncho pneumonia	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 6/4/42

VS 3

Please write plainly, using pen and ink. Physicians: please write the causes of death clearly and legibly. Information required is necessary for the compilation of correct statistics. Every question must be answered. Where the exact information is not known, approximate answers are required. Be sure that the age is correct and especially important.

92857 F 92857

E.S. (72602)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 4220 Westwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sier

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	~~Yes~~ ? NAE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1866

8. AGE: Years	Months	Days	If less than one day
75	10	26	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Contractor - Builder

FATHER
12. Name Noah Sier (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Hornberger (d)
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1942 to 6-4 1942 and that I last saw h[illegible] alive on 6/3 1942

Immediate cause of death	Duration
Metastases	
Due to Adenocarcinoma of Rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-27-42
Major findings of operation: Ca of Rectum
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Hattman M. D.
Address B. City Hosp Date signed 6-4-42

92858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. F 92858

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1899 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Virginia Cronise

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband ~~or wife~~ James M. Cronise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4th 1872

8. AGE: Years 70 | Months 5 | Days — | If less than one day hr. min.

9. Birthplace Charlestown W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henry F. Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Catherine Roper
15. Birthplace England

16 (a) Informant James M. Cronise
(b) Address 1819 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1942, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3rd 1942 to June 4th 1942, and that I last saw her alive on June 4th 1942.

Immediate cause of death: Coronary Sclerosis — Duration 2 days

Due to Generalized arteriosclerosis

Due to senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 3045 W. North Ave. Date signed 6/7/42

VS 3

F 92859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92859 Registered No.

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring La.
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Takoma Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 7006 Aspen Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha E. Pitzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Morton G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1855

8. AGE: Years 86 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Martinsburg, W. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George W. Linton
13. Birthplace Martinsburg W. Va

MOTHER
14. Maiden Name Susan Brady
15. Birthplace Martinsburg W. Va

16 (a) Informant Lloyd H. Pitzer
(b) Address 7006 Aspen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)

(c) Cemetery or crematory Union Cem
Location Burtonsville, Md

18 (a) Funeral director Warren E. Humphrey
(b) Address Silver Spring

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 6.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 6 1942, and that I last saw her alive on 6/6 1942.

Immediate cause of death: Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Butterworth
Address 2324 Registration Rd Date signed 6/8/42

VS 3

F 92860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131 P

F 92860 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 237 N. Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 N Calhoun (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Short

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Catherine Short

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 23, 1873

8. AGE: Years	Months	Days	If less than one day
69		11 10	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Henry Clay Short
13. Birthplace Charles Co Md

MOTHER
14. Maiden Name Catherine Dyson
15. Birthplace Charles Co Md

16 (a) Informant Catherine Short
(b) Address 237 N Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-'42 (month) (day) (year)
(c) Cemetery or crematory Mrs Catherine
Location Balto Md

18 (a) Funeral director Mrs. Ewd. H. Holland
(b) Address 6631 Liberty Heights Ave

JUN 6 - 1942 (Date rec'd by registrar) Livingston Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to June 3 1942 and that I last saw him alive on June 3 1942.

Immediate cause of death: Chronic Nephritis — Duration: ?

Due to

Due to

Other Conditions Uremia — May 29th

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emelman Frey M.D.
Address 1928 Pa Ave Date signed 6/6/42

F 92861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 77 dE 92861

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3677 Clark Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM EVERETT JACKSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-18-3057

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ida E. Jackson

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1878

8. AGE: Years 63 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Alice Mullen
15. Birthplace Md.

16 (a) Informant Ida E. Jackson
(b) Address 3405 Abondale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Franklinville,
Location Balto Co. Md.

18 (a) Funeral director Chenoweth & Sonoras
(b) Address 3615-17 Chestnut Ave

19 (a) (Date received by Registrar) JUN 6 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 42 at 12 pm

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic alcoholism — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature T. Z. Wallenmaier M.D. (Medical Examiner)

Date signed 6-4-42

VS 6

92862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C E 92862 Registered No.

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 1116 E. 20th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 E. 20th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca A. Maulaby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband ~~or wife~~ Augustus Maulaby
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1855

8. AGE: Years 86 | Months 6 | Days 19 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business None

FATHER
12. Name George Howard
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ann Irwin
15. Birthplace Baltimore, Md

16 (a) Informant Wilbur C. Maulaby
(b) Address 1116 E. 20th St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location Baltimore

18 (a) Funeral director Geo. Schilling & Sons
(b) Address 3624 Greenmount Ave

19 (a) JUN 6 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30, 1940 to 6-4- 1942 and that I last saw her alive on 6-4- 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	6 hrs.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Aortic regurgitation. (Include pregnancy within 3 months of death)	5 yrs.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ellis E. Engwiler, M. D.
Address 16 E. North Ave. Date signed 6-5-42

VS 8

Please write plainly, with ink or indelible pencil. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 92863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 & F 92863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5107 O'Donnell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5107 O'Donnell St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK JOHN ZIMMERMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 2 1870

8. AGE: Years	Months	Days	If less than one day
72	4	0	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

MOTHER | FATHER
12. Name Henry Zimmerman
13. Birthplace Germany
14. Maiden Name Margaret Klein
15. Birthplace Germany

16 (a) Informant Mrs. John Uhl
(b) Address 904 East 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 4 1942, and that I last saw him alive on June 4 1942.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to (b) Coronary disease	
Due to (c) Arteriosclerosis	
Other Conditions Chr. C.V. Dis.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Zimmerman, M.D. per Dunn
Address 46 W. Lexington Date signed 6/5/42

H. J. Zimmerman, M.D. per Dunn

V8 3

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct and complete. Be sure that the age is correct age is especially important.

92864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42 Registered No. E 92864

Physicians: please write the causes of death clearly and legibly. Be sure to correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 42 Carroll St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida O. Wiegand

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Andrew Wiegand
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1892

8. AGE: Years 48 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Joseph Hadaway
13. Birthplace Baltimor ?, Md.

MOTHER
14. Maiden Name Lydia E. Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Andrew Wiegand
(b) Address 1142 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Pole
(b) Address 1700 W Lombard St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1942, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1941, to June 5 1942, and that I last saw h[illegible] alive on June 4th 1942

Immediate cause of death — Duration

Cardiac Arrhythmia

Due to Myocarditis

Due to Hypostatic

Other Conditions Mitral Stenosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Morley Young M. D.
Address 727 Cathedral St. Date signed June 6-42

VS 3

F 92865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 92865 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 W Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 W Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Boone

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-1428

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Oliver Boone
13. Birthplace N. C.

MOTHER
14. Maiden Name Monzella Mitchell
15. Birthplace North Carolina

16 (a) Informant James Boone
(b) Address 812 Low St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/42 (month) (day) (year)
(c) Cemetery or crematory
Location Weldon N. C.

18 (a) Funeral director Elroy Wilson
(b) Address 1001 Lafayette Ave.

19 JUN 6 1942 (b) Huntington Williams, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942, to June 5 1942 and that I last saw h[illegible]ive on May 29 1942

Immediate cause of death Pulmonary Tuberculosis Extensive

Duration
7

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wallace Shennington M.D.
Address 701 N Carey St. Date signed 6/8/42

VS 3

92866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1940 F 92866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Young's Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Young's Court. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Levy A. Johnson

3 (b) If veteran, name war — World War I
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Color	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12, 1894

8. AGE: Years	Months	Days	If less than one day
47	10	24	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Labourer
11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Chase
15. Birthplace Maryland

16 (a) Informant Leola Graham
(b) Address 1601 Young Court Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/42 (month) (day) (year)
(c) Cemetery or crematory H. Stevens
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant St. City

19 JUN 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1942 to June 1 1942
and that I last saw ~~him~~ alive on June 1, 1942.

Immediate cause of death	Duration
Coronary Occlusion	few min.
Due to Arterio Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury
23. Signature Harris B Lake
Address 1741 E. Eager St. Date signed 6/4/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 92867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BAXTER CUERTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10/97

8. AGE: Years	Months	Days	If less than one day
45	1	24	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Rubin Cuerton
13. Birthplace N.C.

MOTHER
14. Maiden Name Annie Rose
15. Birthplace N.C.

16 (a) Informant Lonnie Cuerton
(b) Address 301 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Pennsylvania Ave.

19 JUN 6 1942 (b) Huntingdon Pennsylvania, Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942 at 2:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Nil

of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-4-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 92868 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves
(c) Hospital or institution:
St Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. city
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Edgerton (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Frank Halland

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7551

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Hobbs ?

6 (c) If dead, give age 62 years?

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Steam Fitter

11. Industry or business

FATHER
12. Name Joseph Halland
13. Birthplace Md

MOTHER
14. Maiden Name Mary O'Conner
15. Birthplace Md

16 (a) Informant Mary L
(b) Address 3070 Georgetown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd

18 (a) Funeral director Edward Fowler
(b) Address 1 Wash Block
JUN 6 1942

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 5 1942
and that I last saw h[illegible] alive on June 5 1942

Immediate cause of death (a) Respiratory failure — Duration
Due to Cerebral Accident
Due to Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Bourne
Address St Agnes Hosp Date signed 6/5/42 M D

VS 8

F 92869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 of Registered F 92869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Diamond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W WATTS

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9477

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5?-1894

8. AGE: Years 48 | Months 2 | Days 2? | If less than one day hr. min.

9. Birthplace Balto (Town, county and state)

10. Usual Occupation Painter (House)

11. Industry or business

FATHER
12. Name Geo. R Watts
13. Birthplace Balto Md

MOTHER
14. Maiden Name Jennie Hetling
15. Birthplace Baltimore

16 (a) Informant Herbert Watts
(b) Address Brentwood Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Forest Lawn Pk
Location Frederick Rd

18 (a) Funeral director Edward Fenlon
(b) Address 2357 Wash Blvd

19 (a) (Date received) JUN 6 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Fracture of skull

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-4-42 at 11 A M
(c) Where did injury occur? 511 W Lexington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury fell down Stairs in Hall from 3rd floor

23. Signature H. W. Williams Coroner M.D. (Medical Examiner)
Date signed 6-4-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

while pending

F 92870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 92870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald B. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1939

8. AGE: Years	Months	Days	If less than one day
2	7	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Scott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Adelbert Barnes
15. Birthplace Baltimore

16 (a) Informant James Barnes
(b) Address 724 N. Carolina St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel Co.

18 (a) Funeral director James A. Hayes
(b) Address 1112 W. Fayette St.

19 (a) JUN 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to [redacted] laceration of scalp.

Due to Fall

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-1-42 at 12:15 P.M.
(c) Where did injury occur? 923 Sharp Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell while playing. 110

23. Signature Robert Lee Graton, M.D.
Medical Examiner.
Date signed June 4 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92871

AB-57927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92871

Registered No. 13b

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
13-16
(d) Street No. 3418 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Albert Ayers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30-1872

8. AGE: Years 69 | Months 11 | Days 5 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired R.R. Contractor

11. Industry or business

FATHER
12. Name James E. Ayers
13. Birthplace Md.

MOTHER
14. Maiden Name Anna B. ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Chas. H. Berger Jr
(b) Address 1512 Hollins St

19 (Signature of City registrar) JUN 6 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1942 at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1940 to 6-4 1942
and that I last saw him alive on 6-4 1942

Immediate cause of death — Duration
Post Operative Shock — 24 hrs
Due to Fusion of Tuberculous
Due to Knee
Other Conditions Pulmonary Tuberculosis — 6 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Kelly M. D.
Address Balto City Hosp Date signed 6-8-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92872 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Lund St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Fairfield Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard A. Warrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Christine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1893

8. AGE: Years	Months	Days	If less than one day
58	8	9	hr. min.

9. Birthplace Prince George County Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Richard Warrington
13. Birthplace Charles County Md

MOTHER
14. Maiden Name Caroline Johnson
15. Birthplace Charles County Md.

16 (a) Informant Christine Warrington
(b) Address 3315 Lund St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Dgt.
(b) Address 1[illegible] N. Carrollis Street

19 JUN 6 – 19[illegible] (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 – 19[illegible] 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 – 19[illegible] to June 4 – 19[illegible] and that I last saw h[illegible] alive on June 4 19[illegible]

Immediate cause of death

Due to Cerebral Hemorrhage — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Lyle Coleman, M.D.
Address 2039 Mc[illegible] Date June 6 19[illegible]

VS 3

F 92873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 92873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N. Belmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Belmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Sylvester Walter Coquire

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Malvetta Coquire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1907

8. AGE: Years	Months	Days	If less than one day
34	8/12	3	hr. min.

9. Birthplace Washington D-C.
(Town, county, and state)

10. Usual Occupation Repairman
11. Industry or business Radio

FATHER
12. Name Julius Coquire
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Annie Harrison
15. Birthplace Fairfax Co. Va

16 (a) Informant Mrs Annie Harrison
(b) Address 705 - N. Belmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 Lakewood St

19 (a) JUN 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3- 1942 at 1.30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Embolus — **Duration**

Due to

Due to

Other Conditions Aortic Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 6-4-42

VS 6

A certificate of death, when filed, must be complete and correct as to information according to the best knowledge and belief of the person who signs it. Physicians: please write the causes of death clearly and legibly.

F 92874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95 C

F 92874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward W. Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sarah L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28-1875

8. AGE: Years	Months	Days	If less than one day
66	7	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Edward Brooks (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Louise Brooks (D)
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 1942 Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1942 at 8.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1942 to 6-2 1942 and that I last saw him alive on 6-2 1942.

Immediate cause of death

~~Gangrene~~ Foot
Uremia
Due to Gen Arteriosclerosis
Cardiac decompensation
Due to

Other Conditions Arteriosclerotic Gangrene Rt Foot
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
8 days
days
days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Stott
Address Balto City Hosp Date signed 6.3.42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 92875 71744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460

F 92875 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4900 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1354

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7th, 1882

8. AGE: Years	Months	Days	If less than one day
59	9	18	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Brown (D)
13. Birthplace North Carolina

MOTHER
14. Maiden Name Annie Wardell
15. Birthplace North Carolina

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June [illegible] 194[illegible]
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 Washington Blvd

19 (a) JUN 6 – 1942 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1942, at 12[illegible] A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1942, to 6-4 1942, and that I last saw [illegible] alive on 6-4 1942.

Immediate cause of death — Duration

Carcinoma of Esophagus — 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-13-42

Major findings of operation: Gastrostomy done

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Hett

Address Balto City Hosp Date signed 6-5-42

VS 3

92876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b E 92876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 477 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Monroe Cross 63758

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1886

8. AGE: Years	Months	Days	If less than one day
55	10	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Bar tender
11. Industry or business

FATHER
12. Name Zedekiah
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Frantz
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Jessups M.E. Cemetery
Location Baltimore County, Md.

18 (a) Funeral director Williams Funeral Home
(b) Address 1217 St. Paul St.

19 Filed JUN 6 - 1942 (Date received by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1941 to June 3 1942, and that I last saw h im alive on June 3 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 20 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard P. Rathbun M. D.
Address Balto. City Hosp Date signed 6-2-42

Please write plainly with typewriter ribbon. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Manassa
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Smith
13. Birthplace Penna

MOTHER
14. Maiden Name Barbara Long
15. Birthplace Penna

16 (a) Informant Hosp Records
(b) Address [illegible] Monument St.

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof 6/6/42 (month) (day) (year)
(c) Cemetery or crematory
Location Manassas Va

18 (a) Funeral director Fred Lobus
(b) Address 1200 W Lombard St.

JUN 7 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to June 5 1942 and that I last saw her alive on June 5 1942

Immediate cause of death: Pulmonary edema

Due to: Hypertensive Cardio-Vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Graham, M. D.
Address University Hosp Date signed 6-5-42

VS 1

F 92878
E.S. (73925)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 d F 92878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarance Curry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Juanita
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1886

8. AGE: Years	Months	Days	If less than one day
56	4	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Tyehater
11. Industry or business Produce & Fish

FATHER
12. Name John Henry Curry
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Brown
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 8 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Gean
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 (a) Filed (Registrar) JUN 7 1942 (b) JUN 7 1942 Registrar, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 4 1942, at 1 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 / 3 1942 to 6-4 1942 and that I last saw him alive on 6-4 1942

Immediate cause of death: Peritonitis — Duration 36 hrs
Due to: Carcinoma of Rectum — 1 yr
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Slutt M. D.
Address Balt City Hosp Date signed 6-4-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 2 [illegible] 92879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 George Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 George Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
C	F	married

6 (b) Name of husband or wife John Brown
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28-1904

8. AGE: Years	Months	Days	If less than one day
38	1	6	hr. min.

9. Birthplace St Marys Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Jefferson
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Young
15. Birthplace Maryland

16 (a) Informant Mrs Lydia Brown
(b) Address 737 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 8 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Maryland.

18 (a) Funeral director William A. Ickes
(b) Address 916 Gilmor, Ave

19 (a) [illegible] (Local Registrar) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 1130 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Enquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	
Chronic Hypertension	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Wi Wally M.D.
Medical Examiner
Date signed 6/4/42.

VS 6

Please write plainly, using ink. Spell out full name, residence, and birthplace. Do not use abbreviations. Be sure that the information given is correct and complete. Answer every question. Where there is no entry to be made, write "None." Do not leave blanks. Be sure that the cause of death is correctly and fully stated. Be sure that the age is correctly stated. Physicians: please write the causes of death clearly and legibly.

F 92880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51b

F 92880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural - Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Tittle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	9	18		141

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Tittle
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Julia Higgins
15. Birthplace

16 (a) Informant Anita Todd
(b) Address 2537 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 - 42 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location near Hanover Balto Co Md

18 (a) Funeral director Morton E Pierce
(b) Address Towsontown Md

19 (Signature of local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1942 to June 7 1942
and that I last saw h.. alive on June 6, 1942

Immediate cause of death: Carcinoma of Prostate — Duration: 3 months
Due to
Due to
Other Conditions Arteriosclerosis.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Bradford Higgins M.D.
Address 2543 Madison Ave Date signed 6/15/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N. D. R. 1288-9

F 92881

F 92881 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93d

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3706 Mohawk Ave St., 8 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie E. Whitmore

(a) Residence: No. 3706 Mohawk Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wallace J. Whitmore

6. DATE OF BIRTH (month, day, year): May 11, 1853.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Thurmont, Md. Frederick Co.

FATHER

13. NAME: James Creager

14. BIRTHPLACE (city or town) (State or country): Frederick County Md.

MOTHER

15. MAIDEN NAME: Elizabeth Weller

16. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

17. INFORMANT: Mary Brashears
(Address) 3766 Mohawk Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg, Md. Date June 8, 1942

19. UNDERTAKER: M. E. Creager & Son
(Address) Thurmont, Md.

20. FILED JUN 7 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7th, 1942.

22. I HEREBY CERTIFY, That I attended deceased from March 27th 1939, 19..., to June 7th, 19 42. I last saw him alive on June 4th, 19 42. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) — Broncho-pneumonia	5 days
bilateral Hemorrhage	2 hrs.

Other contributory causes of importance:

1) Cysteric Sclerosis	?
Heart Disease	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Heights Ave.

F-92882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95b Registered No. F 92882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Gurwitz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April?- 1907

8. AGE: Years	Months	Days	If less than one day
35	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Israel Gurwitz
13. Birthplace ? Russia

MOTHER
14. Maiden Name Sarah Caplan
15. Birthplace Russia

16 (a) Informant Baltimore City Hospitals
(b) Address Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUN 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1942 to 6-4 1942 and that I last saw her alive on 6-4 1942

Immediate cause of death — Duration
Pulmonary Embolus — 1 hr.
Due to Rheumatic Heart — 7 mo.
Disease & Auricular Fibrillation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley E. Claytor, Jr. M. D.
Address Balt. City Hosp. Date signed 6-5-42

VS 3

PLEASE WRITE PLAINLY with pen and ink. Do not use pencil. Do not fold. Do not write outside the lines. Be sure to answer all questions, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1246F 92883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 Essex Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Essex Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Poland

3 (a) FULL NAME Maryanna Burca

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Burca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Braciszewski
13. Birthplace Poland

MOTHER
14. Maiden Name Urbanowna
15. Birthplace Poland

16 (a) Informant James Burca Son
(b) Address 2316 Essex St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester St

19 (a) (Signature of local registrar) (b) Registrar

JUN 7 1942

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1942, to 6/4/42, and that I last saw her alive on 6/4/42.

Immediate cause of death: Hypostatic Congestion Cardiac Vascular Disease
Due to: Senility

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas J. Kaukonis, M.D.
Address 725 79 Eastern Ave. Date signed 6/6/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give, insofar as information is obtainable, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92884

BALTIMORE CITY HEALTH DEPARTMENT

T.N 74040

CERTIFICATE OF DEATH

83a

✓ F 92884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Its correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 5937 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Jeffress

3 (b) If veteran, name war No. in name Margaret Luttrell
3 (c) Social Security Account No. 216-12-8716

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Bankly Jeffress (D
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 22, 1900

8. AGE: Years	Months	Days	If less than one day
36	10	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Typist
11. Industry or business

FATHER
12. Name Rev. G A. Luttrell
13. Birthplace Tenn.

MOTHER
14. Maiden Name India Grimm
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Riviera Town, Md.

18 (a) Funeral director Wm. B Berryman & Sons
(b) Address Riviera Town, Md.

19 (a) (Signature and title) (b) Huntington Williams, MD
JUN 7 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1942, to 6/6 1942, and that I last saw h cc alive on 6/6 1942.

Immediate cause of death: Subarachnoid Hemorrhage — Duration: 4 hours
Due to ? Congenital Aneurysm
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Berry
Address Baltimore City Hospitals Date signed 6/6/42 M. D.

Edgar Berry MD

F 92885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 92885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

151

3 (a) FULL NAME Benjamin Gershman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Keiv (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Israel Gershman
13. Birthplace Keiv

MOTHER
14. Maiden Name Baila
15. Birthplace Keiv

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Mill Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St.

19 JUN 7 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-42 19 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 19 41 to June 4 19 42 and that I last saw him alive on June 4 19 42

Immediate cause of death Cerebral Hemorrhage
Cerebral Arteriosclerosis — Duration 6 Days 6 minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin
Address 4818 Reisterstown Rd Date signed 6/5/42

VS 8

PLEASE WRITE LEGIBLY. Use unfading ink. Spell out all words. Be sure that every question is answered correctly. Physicians: please write the cause of death clearly and legibly.

F 92886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92886
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Kravitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wolf Kravitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Houses wife
11. Industry or business

FATHER
12. Name William Petasky
13. Birthplace Russia

MOTHER
14. Maiden Name Lida Zelda —
15. Birthplace Russia

16 (a) Informant Wm. Phillips
(b) Address 2511 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hall Rd

18 (a) Funeral director Sol Levin Inc
(b) Address 1439 E. Balto. St

19 (a) (Local registrar) (b) Huntington Williams, M.D. Registrar

JUN 7 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13, 1942 to June 5 1942 and that I last saw her alive on June 5, 1942.

Immediate cause of death C-R failure — Duration

Due to Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Fierler M.D.
Address Sinai Hosp Date signed 6-7-42

PLEASE WRITE PLAINLY, with ink. Use typewriter if possible. Do not use pencil. Be sure that every question is answered. Please give information as to correct age in years, months, days, hours, or minutes. Physicians: please write the causes of death clearly and legibly. Underlining the cause to which death should be charged statistically is especially important.

F 92887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9-40a

F 92887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street and No. 128 Weber St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Albert Willis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Catherine ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	16	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Huckster
11. Industry or business Self

FATHER
12. Name John Willis
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary C. Kirkwood
15. Birthplace Baltimore Md

16 (a) Informant Family Records
(b) Address 128 Weber St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location

18 (a) Funeral director John J. Faherty
(b) Address 1318 Light St

19 JUN 7 - 1942 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed June 6 1942

VS 6

Please write clearly, using ink. Cross out wrong entries, do not erase. Give full information asked for as correctly as possible. Every item is especially important. Physicians: please write the causes of death clearly and legibly.

F 92888 BALTIMORE CITY HEALTH DEPARTMENT 186 F 92888

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3 (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 1276 Battery Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gordon Marshall Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-7527

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1908

8. AGE: Years 33 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Balto. Ship Build Co.

FATHER
12. Name Herman A. Roberts
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Maria Blaine
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Marie Roberts
(b) Address 1276 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue

18 (a) Funeral director John J. Faber Sons
(b) Address 1218 Light St.

19 (a) JUN 7 1942 (b) Huntington Williamsburg Md.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 11 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage of brain — Duration

Due to Fall

Due to history of epileptic seizure.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 5th 1942 at 9 P M
(c) Where did injury occur? 5th Regiment Armory (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? No
(e) Means of injury Fall

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed June 6 1942

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 9288969 ✓ F 9288?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 58e

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town HARWOOD (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Albert Moreland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-37

8. AGE: Years	Months	Days	If less than one day hr.	min.
4	6	6 5		

9. Birthplace Harwood, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Moreland
13. Birthplace Md

MOTHER 14. Maiden Name Mary Ida Creek
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/42 (month) (day) (year)
(c) Cemetery or crematory Jones
Location Severn, Md.

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Gulesville Md.

19 (a) (b) Huntington Williams M.D.

JUN 7 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to June 6 1942, and that I last saw HIM alive on June 6 1942.

Immediate cause of death	Duration
Cardiac failure	3 days
Due to Acute Rheumatic fever	9 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Gleason M.D.
Address Johns Hopkins Hospital Signed 6/6/42

Please write plainly, using pen and ink. Be sure that every item is properly filled in. Information as to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Mareus Hook
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Walsh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Jane A. Walsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14-1868

8. AGE: Years	Months	Days	If less than one day
73 3/4	9	21	hr. min.

9. Birthplace Atlantic Pa
(Town, county, and state)
10. Usual Occupation Patrolman
11. Industry or business

FATHER
12. Name John Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mullet
15. Birthplace

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (month) (day) (year)
(c) Cemetery or crematory Immaculate Heart
Location Ligonier Pa

18 (a) Funeral director Leonard Myers
(b) Address 1305 Hanford Rd

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.
JUN 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1942 at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1942 to 6/5 1942 and that I last saw him alive on 6/5 1942

Immediate cause of death Acute Heart Failure — Duration

Due to Arteriosclerotic Heart Disease — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Templeton
Address St Joseph's Hospital Date signed 6/5/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92891

Erdman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92891 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Eleanor st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Eleanor st (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Erdman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife James M Erdman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-1866

8. AGE: Years	Months	Days	If less than one day
76		16	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace England

MOTHER
14. Maiden Name Mary Moran
15. Birthplace Ireland

16 (a) Informant James M Erdman
(b) Address 614 Eleanor

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-5-42 (month) (day) (year)
(c) Cemetery or crematory Lloyd Rittase
Location Balto Co Md

18 (a) Funeral director Lemmert Mort
(b) Address 5205 Harford Rd

19 JUN 7 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1942 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to June 6, 1942, and that I last saw her alive on June 6, 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions Arteriosclerotic Cardiovascular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Costantini M. D.
Address 2348 Pinkney st Date signed 6-5-42

Please write plainly with pen or pencil. Do not use ink which fades. Be sure to fill in every item. Use "None" or "Unknown" if necessary. Be sure to fill in correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 92892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

F 92892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Fulgrave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Fulgrave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1871

8. AGE: Years 70 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER	12. Name William Hall
	13. Birthplace England
MOTHER	14. Maiden Name Charlotte Lane
	15. Birthplace England

16 (a) Informant J H Strohmeyer
(b) Address 2201 Fulgrave Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Orleans

19 JUN 7 1942 (b) Huntington Williams, M.D. Address 2435 Mary Land Ave Date signed June 8 42

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1941 to June 5 1942 and that I last saw her alive on June 4 1942

Immediate cause of death: Cardiac decompensation — Duration 3 Days
Due to Pneumonia — 10 Days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Georgia M Settle

VS 3

Please write plainly, with pen and ink. Do not use pencil. Be sure that no item is omitted and that your answer to each question is complete and correct. Ages, dates of birth, and birthplaces must be stated. Where the exact date of death is unknown, the approximate date must be given. Unless the space provided is sufficient, the entry cannot be continued on another line. Do not abbreviate. Write out the full name of the city, town, or county. The cause of death must be stated so as to show the disease, if any, which originated the fatal train of morbid events, as well as the secondary or complicating conditions, if any. Indefinite or unsatisfactory terms, such as "Heart Failure," "Asthenia," "Senility," "Old Age," "Exhaustion," "Septicemia," "Pyemia," "Uremia," "Blood Poisoning," "Cancer," "Tumor," "Abscess," "Paralysis," "Convulsions," "Meningitis," "Hemorrhage," "Pneumonia," "Tuberculosis," "Consumption," "Dropsy," "Jaundice," "Childbirth," "Abortion," "Miscarriage," "Stillbirth," "Infection," "Fever," "Malignant Disease," "Carcinoma," "Sarcoma," "Locomotor Ataxia," "Diabetes," "Nephritis," "Bright's Disease," "Gangrene," "Embolism," "Thrombosis," "Shock," "Collapse," "Coma," "Debility," "Malnutrition," "Marasmus," "Inanition," "Cachexia," "Multiple Injuries," "Fracture," "Concussion," "Laceration," "Contusion," "Drowning," "Suffocation," "Strangulation," "Burns," "Scalds," "Poisoning," "Accident," "Suicide," "Homicide," "Found Dead," "Unknown," "Undetermined," "Unascertained," "Unknown Cause," "Undetermined Cause," "Unascertained Cause," "Cause Unknown," "Cause Undetermined," "Cause Unascertained," "Unknown Cause of Death," "Undetermined Cause of Death," "Unascertained Cause of Death," "Cause of Death Unknown," "Cause of Death Undetermined," "Cause of Death Unascertained," "Unknown Cause of Death Unknown," "Undetermined Cause of Death Undetermined," "Unascertained Cause of Death Unascertained," "Unknown Cause of Death Unknown Cause," "Undetermined Cause of Death Undetermined Cause," "Unascertained Cause of Death Unascertained Cause," "Unknown Cause of Death Unknown Cause of Death," "Undetermined Cause of Death Undetermined Cause of Death," "Unascertained Cause of Death Unascertained Cause of Death," "Unknown Cause of Death Unknown Cause of Death Unknown," "Undetermined Cause of Death Undetermined Cause of Death Undetermined," "Unascertained Cause of Death Unascertained Cause of Death Unascertained," "Unknown Cause of Death Unknown Cause of Death Unknown Cause," "Undetermined Cause of Death Undetermined Cause of Death Undetermined Cause," "Unascertained Cause of Death 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F 92893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a Registered No. F 92893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 Etting st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Etting st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Brown

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) ? 1900

8. AGE: Years 42 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace Charlotte N.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace N.C.

MOTHER
14. Maiden Name Rosanna ?
15. Birthplace Charlotte N.C

16 (a) Informant Samuel Brown
(b) Address 1830 Etting st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Charlotte
Location North Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Arlington Ave.

JUN 7 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942 to June 5 1942, and that I last saw h[illegible] alive on June 5 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 5 hours
Due to: Hypertension — 1 yr
Due to:
Other Conditions: Chronic Nephritis — 1

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Watts
Address 515 Arlington Ave Date signed 6/16/42

VS 1

E 92894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1202 Registered No. E 92894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 E. MADISON (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Goldie King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-19

8. AGE: Years	Months	Days	If less than one day
(?) 22	11	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation HOUSEWORK
11. Industry or business

FATHER
12. Name HARRY KING
13. Birthplace Md

MOTHER
14. Maiden Name IDA BROWN
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-42 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Chester, Md.

18 (a) Funeral director Fearing & Henry
(b) Address 212 Eutaw St. Cambridge, Md.

19 [illegible] Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 4 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942, to June 7 1942, and that I last saw h[illegible] alive on June 7 1942.

Immediate cause of death subacute colitis — Duration 4 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/3/42

Major findings of operation: multiple perforations of small intestine

of autopsy: peritonitis

PHYSICIAN
Underline the cause to which [illegible] should be charged [illegible] tionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Gibson M.D.
Address Johns Hopkins Hospital Signed 6/8/42

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not fold. Do not roll. Do not write outside the lines. Be sure to answer every question. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 92895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janina Majewski

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-07-1937

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14. 1919

8. AGE: Years 22 Months 6 Days 17 If less than one day hr. min. 20

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business —

FATHER
12. Name Alexsander Majewski
13. Birthplace Poland

MOTHER
14. Maiden Name Lillian Lymacz
15. Birthplace Poland

16 (a) Informant Lillian Majewski
(b) Address 2017 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ogazewski
(b) Address 1980 Eastern Ave

JUN 8 - 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to June 4 1942, and that I last saw her alive on June 4 1942.

	Duration
Immediate cause of death: Acute Dilatation of Heart	2 hr.
Due to: Myocarditis	10 dy.
Due to: Bronchiectasis	10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos A Stevens M. D.

Address 2878 Harford Rd Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 F 92896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4821 Palmer Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes C. Ruby

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Carey Oliver Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1891

8. AGE: Years	Months	Days	If less than one day
50	6	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Daniel Chisholm
13. Birthplace Scotland

MOTHER
14. Maiden Name Ellen Fitzgibbons
15. Birthplace Ireland

16 (a) Informant Carey O. Ruby
(b) Address 4831 Palmer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director McKeever Cook Inc
(b) Address 1217 St. Paul St

JUN 8 1942 (Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1942, to 6-5 1942 and that I last saw her alive on 6-5 1942

Immediate cause of death	Duration
Uremia	
Due to Subacute nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Leonard Jr. M. D.
Address University Hospital Date signed 6-5-42

F 92897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 92897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 McElderry street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town 10 Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 3202 McElderry street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELLENORA M. FINN

3 (b) If veteran, name war ------
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of ~~husband~~ or wife Maurice J. Finn
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1863

8. AGE: Years	Months	Days	If less than one day
78	5	6 24	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Felix Logue
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Ellison
15. Birthplace Ireland

16 (a) Informant Mrs. Ella Kleinhenn
(b) Address 405 S. Caton avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son, Inc.
(b) Address 118 N. Mt. Royal Ave

JUN 8 1942 (b) Registrar
(Date received by Registrar)
Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 42 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 5 1941, to JUNE 5 19 42 and that I last saw HER alive on JUNE 5 19 42.

Immediate cause of death	Duration
CORONARY THROMBOSIS	2 DAYS
Due to ARTERIO SCLEROSIS	5 YRS
Due to CHR. NEPHRITIS	2 YRS
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Kavanagh
Address 3526 McElderry St Date signed 6-6-42

Please write plainly, with pen or pencil. Physicians: please write the causes of death clearly and legibly. Information required is especially important.

F 92898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 92898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Orchard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Orchard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Simpson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Howard Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Charles Co., Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Hemsley
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Jackson
15. Birthplace Md.

16 (a) Informant Robert Hemsley
(b) Address 565 Mosher St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location
18 (a) Funeral director Halstead
(b) Address 918 Lemmon St
(c) (Date received by Registrar) (b) Huntington Wilkinson Registrar

JUN 8 - 19[illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Spontaneous cerebral hemorrhage	
Due to Hypertension	
cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 6 1942

Physicians: Please fill out all items. Every item of information needs be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 928[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a F 92899

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 N. Chapel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N. Chapel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Varga

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: John Varga

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 67? Months Days If less than one day hr. min.

9. Birthplace Austria - Hungary
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Austria - Hungary

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria - Hungary

16 (a) Informant Wm. Varga
(b) Address 1801 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location B. A. Co.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1926 E. Lafayette Ave.

19 (a) [illegible] (Date rec'd by registrar) JUN 8 - 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th, 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1942 to June 5 1942 and that I last saw h[illegible] alive on June 5 1942.

Immediate cause of death: General Arteriosclerosis
Chronic Interstitial Nephritis — Duration 1 Year

Due to

Due to

Other Conditions: Cardiac Dilatation and Uraemia — Duration 2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg

Address 2025 E. North Ave. Date signed 6/6/42

VS 3

I HEREBY CERTIFY that the above is a true and correct copy of the original certificate of death as recorded in the Bureau of Vital Statistics. Physicians: please write the causes of death clearly and legibly.

F 92900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. N Harmony 2340 Madison Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 East St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County F 92900
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 East St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryland Harris
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-18-1868

8. AGE: Years	Months	Days	If less than one day
73	6	16	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alfred Harris
13. Birthplace N. C

MOTHER
14. Maiden Name Hester Harris
15. Birthplace N C

16 (a) Informant Emma Marshall
(b) Address 504 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location N. Y. A. Ave

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

(c) JUN 8 1942 (Date) (b) Huntington Williams, M.D. (Signature of registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 7:25 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 12 1941, to June 7 1942 and that I last saw h[illegible] alive on 6-4- 1942.

Immediate cause of death
Cardiac Infarction
Due to Myocarditis
Due to Arteriosclerosis
Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration
1 Dy.
2 weeks
2 years
6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury HARMON
23. Signature Louis E. Harris M. D.
Address 2745 Madison Ave Date signed 6-6-42

F 92901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

920 F 92901 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5800 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 5800 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15 1873

8. AGE: Years 69 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant J. C. Sales.
(b) Address 4105 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 9 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

JUN 8 – 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at (a) M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to June 6 1942, and that I last saw him alive on June 1 1942

Immediate cause of death: Chronic Myocarditis — Duration

Due to Arteriosclerosis

Due to

Other Conditions Senile Regression

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 601 N Carrollton Ave Date signed 6/9/42

F 92902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 92902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 700 Park Ave
(b) Street address Winona Apartments
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Tilman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	212-10-8180	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1900

8. AGE: Years	Months	Days	If less than one day
42	1	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Filipp Tilman
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Horisberg
15. Birthplace Baltimore, Md.

16 (a) Informant William R. Tilman
(b) Address 620 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Aves

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 4914 Belair Road

19 JUN 8 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 10:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to June 6 1942, and that I last saw h[illegible] alive on June 1 1942

Immediate cause of death	Duration
Carcinoma of Breast with metastases	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Baum
Address 1361 E North Ave Date signed 6/8/42

Please write plainly, with pen and ink, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bonner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92903 — Registered No. F 92903

X ✓ 53

F 92903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St
(c) Hospital or institution: South Balt Gen. Hosp 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 65 Buckshire Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bonner Robert L.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
✓	✓ None	M	W	Divorced

6 (b) Name of husband or wife Blanche E. George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 1869

8. AGE: Years	Months	Days	If less than one day
69	0	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Printing

FATHER
12. Name Elgar W Bonner
13. Birthplace Md

MOTHER
14. Maiden Name Susan A. Berry
15. Birthplace Va

16 (a) Informant Gordon Bonner
(b) Address 65 Buckshire Rd. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 (month) 42 (day) (year)
(c) Cemetery or crematory Baltimore
Location Northern Ave & Loch Raven

18 (a) Funeral director John O. Mitchell
(b) Address 1916 Eutaw Place

19 (a) (b) Registrar

JUN 8 1942 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~January~~ June 6 1942, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to June 6 1942 and that I last saw him alive on June 6 1942.

Immediate cause of death	Duration
(a) Uraemia	4 days
Due to (b) Cardiac dilatation	
Due to (c) Nephritis chronic	
Due to (d) Cystopelitis	
Other Conditions Epithelioma of face	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stock M. D.
Address South Balto. Date signed June 6 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a F 92904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 Boyd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Boyd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Lenora L. Auth

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-0541

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13-1910

8. AGE: Years 32 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Violet Alabama (Town, county, and state)

10. Usual Occupation

11. Industry or business Candy Factory

FATHER 12. Name Louis Thoyes Jr

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Lottie Clark

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lottie Zeff

(b) Address 2121 Boyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-1942 (month) (day) (year)

(c) Cemetery or crematory Westview

Location Balto. Md.

18 (a) Funeral director George L. Lefmark

(b) JUN 8-1942 Huntington Ave

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH June 6 1942, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to June 5 1942 and that I last saw h[illegible] alive on June 5 1942

Immediate cause of death Carcinoma Uterus — Duration

Due to Cause Uncertain

Due to

Other Conditions Hemorrhage?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo Kaelber M.D.

Address 715 W Read Date signed 6/7/42

VS 3

Please write clearly. Physicians: please write the causes of death clearly and legibly. Punctuation is not necessary, but correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92905 — 92 dea. — Registered No. F 92905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 Georgetown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Georgetown Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Gardner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Gardner
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.): June 10 - 1870
8. AGE: Years 71 | Months 11 | Days 25 | If less than one day: 4 hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Michael
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: William Gardner
(b) Address: 2511 Georgetown Road.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 / 42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md.
18 (a) Funeral director: George L. Schmidt
(b) Address: 7101 Frederick ave.
19 (a) (b) Huntington Williams M.D. 3708 Hallendale Pkwy

JUN 8 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941, to June 4 1942, and that I last saw her alive on June 3 1942.

Immediate cause of death: Fatal Coronary Disease — Duration: 3 weeks
Due to: Arterio Sclerosis — 1 yr.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H O Glaser M. D.
Address 3708 Hallendale Pkwy Date signed June 6/42

PLEASE WRITE PLAINLY, with ordinary pen, using black or blue ink. Every item on this certificate should be answered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92906 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5703 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5703 Harford Rd. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM EURICH

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie Frieda Kohler

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1863

8. AGE: Years 79 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Master Plumber,

11. Industry or business retired 24 years

FATHER
12. Name Peter Eurich - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Eshbach-deceased
15. Birthplace Germany

16 (a) Informant Mrs. Carrie F. Eurich (Wife)
(b) Address 5703 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore County Md.

18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address North Ave. & Broadway.

19 JUN 8 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942 at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1942 to 6/4 1942 and that I last saw him alive on 6/4 1942

Immediate cause of death Pneumonia

Myocarditis (Infectious)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert E. Day M.D.
Address 5703 Harford Rd. Date signed 6/8/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 92907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92907 Registered No. 930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 E. Barney St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 E. Barney (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian E. Higdon

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4 Sex F | 5 Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Higdon
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14. 1894

8. AGE: Years 49 | Months 2 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name William Lowe
13. Birthplace Balto., Md

MOTHER 14. Maiden Name Elizabeth McCall
15. Birthplace Balto., Md

16 (a) Informant Mrs. Lillian Freeberger
(b) Address 212 E. Barney St.

17 (a) ~~Holy Cross~~ Burial (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1424 Light St.

19 (a) (date rec'd) JUN 8 - 1942 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1942, to 6-6 1942, and that I last saw h[illegible] alive on 6-5 1942.

Immediate cause of death Chronic Myocardial Degeneration — Duration 3 Mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Collod, M.D.
Address 407 E. Fort Ave. Date signed 6-8-42

F 92908

E.S. (74306)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 92908 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Elm Tree St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Buda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	9	hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace Austria, Hungary

MOTHER
14. Maiden Name ?
15. Birthplace Austria, Hungary

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial, cremation, or removal (b) Date thereof 6-9-42 (month) (day) (year)
(c) Cemetery or crematory Holyoness
Location a. a. co.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) JUN 8 19[illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1942, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1942 to 6-7 1942, and that I last saw h[illegible] alive on 6-7 1942.

Immediate cause of death	Duration
Cerebral thrombosis	?
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Was not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp. Date signed 6-7-42

Huntington Williams M.D.

F 92909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92909 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Argyle Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Hazelton Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife Fred. Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9-1881

8. AGE: Years	Months	Days	If less than one day
60 61	9	21 2/4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name George Hazelton
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Harrod
15. Birthplace Md.

16 (a) Informant Bertha Brooks-Sister
(b) Address 1419 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 620 N. Gilmor St. Huntington Williamsport, Md.

19 (Signature of registrar) JUN 8 - Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to June 5 1942 and that I last saw [illegible] alive on Jan 5 1942

Immediate cause of death: Cardio Vascular Renal Disease — Duration: 7

Due to:

Due to:

Other Conditions: Ex Sanation

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy:

[illegible] the [illegible] which [illegible] should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Hughes M.D.
Address 1730 Madison Ave Date signed June 8/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92910 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts.
(c) Hospital or institution: University 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Marsh (If outside city or town limits, write RURAL and give town)
(d) Street No. Gowenton Ave. & Old Philadelphia Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Willmyra Snitker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1912

8. AGE: Years 30 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business Federal Land Bank

FATHER
12. Name F. William Snitker
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Nora R. Smith
15. Birthplace Baltimore Co., Md.

16 (a) Informant F. William Snitker
(b) Address White Marsh, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory St Mathews Cem
Location Perry Hall

18 (a) Funeral director Graham Funeral Home
(b) Address 7401 Bolair Rd

19 JUN 8 - 1942 (Date rec'd by Registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions Congenital - Aneurysm
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally, M.D. Medical Examiner.
Date signed 6/8/42.

FILED

Please write plainly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 92911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4658 Kernwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4658 Kernwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY M. DOWNEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife: Capt. Geo. Downey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1863

8. AGE: Years	Months	Days	If less than one day
79	5	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James C. Logan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise League,
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence M. Schreyer (daughter)
(b) Address 4658 Kernwood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 (a) JUN 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to June 4 1942 and that I last saw her alive on June 4 1942.

Immediate cause of death: Broncho-Pneumonia — Duration

Due to: Hypertensive Cardio-Vascular Lesions

Due to: Congestive Failure

Other Conditions: Hemiplegia Fracture neck of Rt. Femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 1942 at A. M.
(c) Where did injury occur? Public Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Balto. Sewing Basket Co. (Specify type of place) While at work? no
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed 6-6-42
Howard J. Knowles M.D.

Please write a number, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida Bartlett

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife T. Harry Bartlett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 1, 1858

8. AGE: Years	Months	Days	If less than one day
83	9	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Bishop
13. Birthplace England

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mr. Thos. N. Bartlett
(b) Address 12 Southfield Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Gay & North

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) Received by registrar JUN 8 - 1942 (b) Huntington Millwood, Md.

MEDICAL CERTIFICATION 05

20. DATE OF DEATH June 6 1942 at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to 6/6/42 19, and that I last saw h[illegible] alive on 6/6/42 19.

Immediate cause of death — Duration

Cardio Vascular Disease — 20 d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A W Wheaton
Address 43 E. 7th Ka Date signed 6/7/42 M D

F 92912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 1 or E 92913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Blk. Old Spring Lane
(c) Hospital or institution Old Spring Council Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Maryland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina (Minnie) Shek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/19/1875

8. AGE: Years	Months	Days	If less than one day
66	10	16	— hr. — min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gottlieb F. Shek
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Krauss
15. Birthplace Pa

16 (a) Informant Dr. Charles F. Shek
(b) Address 2244 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. B. Wisner & Son
(b) Address 800 Eutaw Pl.

19 (a) JUN 9 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1942 at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1942 to June 5th 1942 and that I last saw he alive on June 5 1942

Immediate cause of death: Cardio-Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Cutterman
Address 2320 Reist Pl Date signed 6-9-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every detail. Answer every question. Where none, or not known, so state. Do not use ditto marks. Be sure that the cause of death is correctly and legibly stated. Consult with attending physician before signing. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

VS 8

F 92914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 92914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Broadway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EARL ALBERT BYERS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Wilhemina Schumacher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1876

8. AGE: Years	Months	Days	If less than one day
66	1	7	hr. min.

9. Birthplace Columbus, Ohio (Town, county, and state)
10. Usual Occupation 2nd Cook
11. Industry or business Seafaring

FATHER
12. Name John Byers
13. Birthplace Columbus, Ohio

MOTHER
14. Maiden Name Florence Dobbins
15. Birthplace Zanesville, Ohio

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/42 (month) (day) (year)
(c) Cemetery or crematory St Mathias
Location Donnell & [illegible]

18 (a) Funeral director Jelly & Zaban
(b) Address 4323 W Pratt St

19 (a) JUN 8 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1942 at 8:40p M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1942 to June 4, 1942, and that I last saw him alive on June 4, 1942.

Immediate cause of death: Lobar pneumonia, right — Duration: 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 6/5/42

Huntington Williams, M.D.

F 92915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C F 92915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1508 E. Baltimore ST. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Balto. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Chantker

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-03-4478

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Cloth Hanger
11. Industry or business

FATHER
12. Name Aaron Tinjesky
13. Birthplace Poland

MOTHER
14. Maiden Name Hannah Tinjesky
15. Birthplace Poland

16 (a) Informant A. Chantker
(b) Address 1615 N. Bulwary

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Adas Israel
Location Mt Carmel

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

19 (a) JUN 8 - 1942 (Date rec'd by Registrar) Huntington Williams, MD Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 7 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death fracture of skull	
Due to struck by auto	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 5 1942 at 5 30 PM
(c) Where did injury occur? Baltimore and Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on street (Specify type of place) While at work? no
(e) Means of injury Struck by auto

23. Signature Robert Lee Fruitcake M.D. Medical Examiner.
Date signed June 6 1942

PRINT WITH PENCIL, WITH EXCEPTION OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 92916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 92916 Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmont St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 6
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Isidore Horowitz

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 7 - 1890

8. AGE: Years	Months	Days	If less than one day
51	11		hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocery
11. Industry or business Merchant

FATHER
12. Name Aaron Horowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Herring Run
Location Bayley & Long

18 (a) Funeral director Jack Levine Inc
(b) Address 1789 E. Balto St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

JUN 8 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942 at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942 to June 7, 1942 and that I last saw him alive on June 7, 1942

Immediate cause of death: Acute myocardial infarction — Duration 4 days
Due to Arteriosclerotic C-V-D
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Bailey
Address Sinai Hospital Date signed June 7, 1942

F 92917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 20 Registered No.

F 92917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any error or omission should be reported at once to the Registrar. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Hamburg St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Leighton Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Junger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 - 1897

8. AGE: Years	Months	Days	If less than one day
54 55	9	29	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER
12. Name Wolff
13. Birthplace Russia

MOTHER
14. Maiden Name Tillie
15. Birthplace Russia

16 (a) Informant Mortimer Chasey
(b) Address 3304 Leighton Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Fernyan Hill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 1409 E. Baltimore St

19 JUN 8 - 1942 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/ 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1942 to 6/7/ 1942 and that I last saw h[illegible] alive on 6/7 1942

Immediate cause of death	Duration
Cachexia	
Due to Carcinoma of kidney	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 1942
Major findings of operations: Hydronephrosis of rt. kidney
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Gelber M.D.
Address Sinai Hospital Date signed 6/7/42 M. D.

F 92918 Toffry

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 957 F 92918

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Infirmary, E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 5526 Willis Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Barden Toffry

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1927

8. AGE: Years	Months	Days	If less than one day
14	11	2	hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William Toffry
13. Birthplace Russia

MOTHER
14. Maiden Name Laura Vasey
15. Birthplace Maryland

16 (a) Informant Mother.
(b) Address 5526 Willis Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Washington Blvd.

18 (a) Funeral director Dunleavy Bros.
(b) Address 414 N. Fremont Ave.

19 JUN 8 1942 (Date rec'd by Reg.) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 1942, to June 7, 1942, and that I last saw him alive on June 7 1942

Immediate cause of death: Cardiac failure.

Due to: Rheumatic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M.D.
Address Church Home & Inf. Date signed 6/9/42

VS 1

F 92919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92919

PLEASE WRITE PLAINLY. WITH CAPADINE INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Balt.
(b) City or town Bradshaw
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belgian Village
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Harrison (Birth F-51096)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1942

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Elmore Harrison, Jr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Geraldine Cecilia Bolger
15. Birthplace Baltimore Md.

16 (a) Informant Mother
(b) Address Belgian Village, Bradshaw, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Frank T. Pilpton
(b) Address 2015 E. Balto St

19 (a) (Date rec'd by registrar) JUN 8 — 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1942, to 6-8 1942, and that I last saw her alive on 6-8 1942.

Immediate cause of death	Duration
Asphyxia	
Due to Atelectasis	life
Due to Congenital absence of diaphragm	life
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6-6-42

Major findings of operation: absence of diaphragm. atelectasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo L. Thompson M. D.
Address Union Mem. Hosp. Date signed 6-8-42

F 92920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92920 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison A - Linden Ave
(c) Hospital or institution: Maryland Genl
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 Elmley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME John L. Herrmann

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-9202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Rose Andrews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1882

8. AGE: Years	Months	Days	If less than one day
60	5	5	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Shipwright
11. Industry or business Booze Bros

FATHER
12. Name Frederick Herrmann
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Young
15. Birthplace England

16 (a) Informant Wife Rose Andrews Herrmann
(b) Address 3215 Elmley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave Road

18 (a) Funeral director Frank V Pipetone
(b) Address 2518 E. Baltimore St

19 (a) JUN 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-42 19 , at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1942 to 6-6 1942 and that I last saw him alive on 6-5 1942.

Immediate cause of death
Primary Pulmonary Ca

Due to

Due to

Other Conditions Generalized Carcinomatosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Whitman M.D. M. D.
Address Md Gen. Hosp Date signed 6-6-42

F 92921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 92921 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Homewood Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth O'Sullivan

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1857

8. AGE: Years	Months	Days	If less than one day
85	2	25	hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Dennis O'Sullivan
13. Birthplace Ireland

MOTHER — 14. Maiden Name Margaret ?
15. Birthplace Ireland

16 (a) Informant Mrs. Francis Lyons
(b) Address 2010 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9th 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director Edgar W. Conkling Sons
(b) Address 924 E. Eager St.

19 (a) JUN 8 1942 (b) Signature of Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Pulmonary Embolism — Duration:

Due to Fractured Femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide acc
(b) Date of occurrence 5/21 at M
(c) Where did injury occur? 2010 Homewood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell down stairs

23. Signature Hugh B. McNally Medical Examiner M.D.
Address Date signed 6/7/42

VS 1

F 92922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 92922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 217 S Ann St.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city limits or town limits, write RURAL and give town)

(d) Street No. 217 S. Ann St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Elizabeth Brzozowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank Brzozowski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

MOTHER / FATHER

12. Name John Melinowski

13. Birthplace Poland

14. Maiden Name Unk

15. Birthplace Poland

16 (a) Informant Frank Brzozowski

(b) Address 217 S Ann St

17 Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozazewski

(b) Address 1930 Eastern Ave (Huntington Williams, M.D.)

JUN 8 – 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6. 1942 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 6 1942 and that I last saw deceased alive on June 6 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease.	
Chronic Myocarditis	
Due to Arteriosclerotic Gangrene of Rt. Leg.	6-1-42
Myocardial Failure	6-4-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence None at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eschenmuck M. D.

Address 642 S. Ann St Date signed 6-8-42

VS 8

F 92923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b F 92923 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Barton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Barton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Cavalier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward Cavalier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14/1918

8. AGE: Years	Months	Days	If less than one day
24	1	21	hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Laurence Jarkulski
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Kirby
15. Birthplace Baltimore

16 (a) Informant Edward Cavalier
(b) Address 2537 Barton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Barton Ave Huntington Woods, Md.

19 JUN 8 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1942 to 6/5 1942 and that I last saw h[illegible] alive on 6/5 1942

Immediate cause of death Pulmonary Tuberculosis. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 5103 Harford Rd Date signed 6/8/42

F 92921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469

F 92921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 E. Federal St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 E. Federal St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Samuel Shilling Ross

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-09-0137

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Laura Ross

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 28, 1879

8. AGE: Years	Months	Days	If less than one day
63 yrs	2	8 10	hr. min.

9. Birthplace Ovule, Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Standard Oil Co.

FATHER
12. Name William Ross
13. Birthplace Ovule, Md

MOTHER
14. Maiden Name Christina Smith
15. Birthplace Ovule, Md.

16 (a) Informant Mrs Laura Ross
(b) Address 2511 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem
Location North Ave. Balto. Md.

18 (a) Funeral director John C Millspaugh
(b) Address 2425 E Oliver St

19 (a) JUN 8 – 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 1 52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1942 to June 8 1942 and that I last saw [illegible] alive on June 6 1942.

Immediate cause of death	Duration
(a) Acute Renal Failure	1 week
Due to Metastatic involvement of Kidneys with	
Due to (b) Carcinoma of Pancreas	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation May 1, 1942

Major findings of operation: Exploratory revealing Cancer of Pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St Date signed 6/8/42

F 92925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 92925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Light Street
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 N. Gont St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5782

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Georgina M. Wilson
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept-21-1872

8. AGE: Years 69 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace Scotland (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Scotland

MOTHER
14. Maiden Name Isabella Smith
15. Birthplace Scotland

16 (a) Informant Georgina M. Wilson
(b) Address 1702 N. Gont St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Mt. Ave - Baltimore Md

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St

19 (a) JUN 8 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 19 42 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 19 42 to 6/8 19 42, and that I last saw h alive on 6/8 19 42.

Immediate cause of death Cerebral Hemorrhage — Duration 1 Day

Due to Arteriosclerosis

Due to

Other Conditions Arteriosclerotic Cardiac disease. Cystitis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Steele M. D.
Address 50. Balto. Ra. Hospital Date signed 6/9/42.

VS 3

F 92926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a F 92926 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 675 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 675 W. Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Johnson Anderson Addison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Addison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 1884

8. AGE: Years 58 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and State)

10. Usual Occupation Domestic

11. Industry or business Housework

FATHER
12. Name Leah Johnson.
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Knight
15. Birthplace Eastern Shore Md

16 (a) Informant Margaret Broom
(b) Address 626 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katy A. Williams
(b) Address 329 N. Schroeder St

19 (a) JUN 8 — 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 1942 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1942 to June 6 1942 and that I last saw her alive on June 4 1942

Immediate cause of death Hemiplegia.
Duration 2 mo

Due to Cardio Vascular disease

Due to Undetermined

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury

23. Signature L. T. Dunn M. D.
526 N. Arlington Ave
Date signed 6/8/42
Howard J. Wooden M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92927 — 46 DR. 92927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: Univ. Hosp H

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Sudbrook ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth C. Dee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ———

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1879

8. AGE: Years	Months	Days	If less than one day
62	8	16	hr. min.

9. Birthplace Pikesville, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Edward Dee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nixon
15. Birthplace Ireland

16 (a) Informant Mr. James F. Dee
(b) Address 5 Sudbrook ave. Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory St. Charles Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. 8th St. Royal Arms

19 Filed JUN 8 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1942 to June 7 1942, and that I last saw h[illegible] alive on June 6 1942.

Immediate cause of death Cachexia — Duration

Due to Carcinoma of stomach & carcinomatosis — ?

Due to

Other Conditions Colloid goitre

(Include pregnancy within 3 months of death)

Date of operation May 13

Major findings of operations Carcinoma of stomach & carcinomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature W M Stayer M.D.
Address Univ. Hosp. Date signed 6/7

VS 3

F 92928

F 92928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1 Greenway Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Bernard Browne Gough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ida Maguire Gough

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17, 1881

8. AGE: Years 61 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas W. Gough

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Maguire

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. David Montreal

(b) Address 5615 Ready Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Edw. J. Evans Son Inc.

(b) Address 119 W. Mt. Royal Ave.

19 (a) JUN 8 — 1942 Huntington Willcutts, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1942 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1942 to 6/6 1942, and that I last saw h[illegible] alive on 6/6 1942

Immediate cause of death	Duration
Cardiorespiratory failure	3 hours
Due to Cerebral hemorrhage	16 days
Due to Hypertension Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ellen F. Markwell

Address Union Memorial Hospital Date signed 6/9/42

F 92989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 136

F 923 [illegible]

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only accepted medical terminology. Avoid abbreviations. Do not state mode of dying, such as heart failure, asphyxia, anemia, etc., but the disease causing same. Omission to answer all questions will necessitate return of certificate. Please write correct age in every case. Do not report ages merely by year if under 1 year or 2 years, and be especially careful to report correctly ages at death of infants, primiparae, and unmarried women.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2764 Kinsey Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2764 Kinsey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 Yrs. years

3 (a) FULL NAME DOMENICO CROCETTI

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-01-2527

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Carolina Crocetti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1890

8. AGE: Years 51 | Months 11 | Days 13 12 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Giovanni Crocetti

13. Birthplace Italy

MOTHER 14. Maiden Name Elisabetta Esposito

15. Birthplace Italy

16 (a) Informant Carolina Crocetti (Wife)

(b) Address 2764 Kinsey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Frank Miller Moore

(b) Address 52 W. Morley St. Wilmington, N.C.

19 JUN 8 – 1942 (Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from --- 1937 to 6/6/ 1942, and that I last saw him alive on 6/5/ 1942.

	Duration
Immediate cause of death: Pulmonary Edema	1 day
Due to: Cerebral Embolus	10 days
Due to: Pulmonary T.B.	5 yrs
Other Conditions: Diabetes	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. O. Stuber Rowe M.D.
Address 1901 Eutaw Place Date signed 6/6/42

VS 2

92930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 92930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St
(c) Hospital or institution: Crawford Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 445 Lakewood Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Fleckenstein

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 10 1877

8. AGE: Years	Months	Days	If less than one day
64	5	27	— hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Fleckenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Anne Grossman
15. Birthplace Germany

16 (a) Informant Mrs Minnie Fleckenstein
(b) Address 3214 Batavia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto Md.

18 (a) Funeral director Geo. J. Ruth Inc.
(b) Address 1735 Harford Ave.

JUN 8 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1942 to June 7 1942 and that I last saw h[illegible] alive on June 6, 1942

Immediate cause of death: Circulatory failure — Duration
Due to Myelitis (of cord)
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Grossfeld M. D.
Address 1821 Eutaw Pl. Date signed June 6 1942

92931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. E 92931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Aisquith (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Buckingham - Catharine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife EVAN

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1907

8. AGE: Years	Months	Days	If less than one day
34	7	1	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Chas. E. Tinker
13. Birthplace Md

MOTHER
14. Maiden Name Rose Moran
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balt. Co. Md.

18 (a) Funeral director George J. Pfeltz Son
(b) Address 1738 W. Baltimore St.

19 (a) JUN 8 - 1942 (Date rec'd by reg.) (b) Washington Wilmington, N.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to June 5 1942 and that I last saw her alive on June 5 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	20 hrs.
Due to Hypertension	4 yrs.
Due to	
Other Conditions Subarachnoid hemorrhage (Include pregnancy within 3 months of death)	20 hrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Hinman M.D.
Address J. Hopkins Hosp. Date signed 6.5.42

VS 3

92932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1338 Registered No. F 92932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If exactly correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Miles Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 7
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Miles Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Annie Virginia Hauck

3 (b) If veteran, name war W

3 (c) Social Security Account No. DIED

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1869

8. AGE: Years 72 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER 12. Name Robert Monroe

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Lucille Clynmire

MOTHER 15. Birthplace Unknown

16 (a) Informant Mrs. Howard Warfield

16 (b) Address 2811 Miles Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/9/42

17 (c) Cemetery or crematory Mount Olivet

Location Baltimore Md

18 (a) Funeral director Wilhelm Bros Inc

18 (b) Address 1217 N Paul St

19 (a) JUN 8 — 1942 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942, to June 6 1942, and that I last saw him alive on June 5 1942

Immediate cause of death: Cardiac insufficiency — Duration 24 hours

Due to: Hypertension and renal insufficiency — Duration not known

Due to: Senile degeneration

Other Conditions: Fracture cervical vertebra — Duration 1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roscoe F. McGuckin M. D.

Address 2438 Maryland Ave Date signed 6-7-42

VS 3

92933 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √53

Registered No. F 92933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yr 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Montpelier St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Noah F. White Horn

3 (b) If veteran, name war No

3 (c) Social Security Account No. 577-07-4945

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): June 18, 1903

8. AGE: Years 38 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace: Indiana (Town, county, and state)

10. Usual Occupation: none.

11. Industry or business

FATHER
12. Name: Noah White Horn
13. Birthplace: Indiana

MOTHER
14. Maiden Name: Mary Stogdill
15. Birthplace: Indiana

16 (a) Informant: Self.
(b) Address: 1719 Montpelier St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore Md

18 (a) Funeral director: Fallon Co. Inc
(b) Address: 1317 E. Pratt St

19 (a) JUN 8 (Date received by Registrar) (b) Registrar's signature: Wm. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1942, to June 7 1942 and that I last saw him alive on 6-7 1942.

Immediate cause of death	Duration
Melanosarcoma of face with cerebral metastasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Melanosarcoma of brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Henry Horn
Address [illegible] Dr. Hosp. Date signed 6-9-42

VS 3

Penalty: Wilful omission or falsification of any item, or wilful inclusion of any false information, shall be punishable by fine of not more than $500 or by imprisonment not exceeding one year, or both. Physicians: please write the causes of death clearly and legibly.

F 92934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

Registered No. F 92934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 46
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State England (b) County
(c) City or town Cheltenham
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles O. Meadows

3 (b) If veteran, name war: 43 —
3 (c) Social Security Account No.: 10

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1918

8. AGE: Years	Months	Days	If less than one day
24	1	26	hr. min.

9. Birthplace Cheltenham Eng (Town, county, and state)
10. Usual Occupation Marine
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant British Vice Consul
(b) Address Baltimore Md

17. Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Co Inc
(b) Address 1214 E Lombard St

19. Filed JUN 8 1942 Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1942, at 7:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun-shot of Head — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ? 26-7
(b) Date of occurrence 6-6- 42 at 7 P M
(c) Where did injury occur? 5170 S. Lehigh Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Gun-shot of Chest

23. Signature Howard J. Lubeman M.D. Medical Examiner.
Date signed 6-7-42

92935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. F 92935

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Russel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Robinson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Silas Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1876

8. AGE: Years	Months	Days	If less than one day
65	11	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edward Purnell Son
(b) Address 923 Russell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore County

18 (a) Funeral director Joseph A. Ailey
(b) Address 419 N. Fremont Street Huntington Williams, W. Va.

19 (JUN 8 — 1942) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 3 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy + the person and from the evidence (Autopsy or Inquiry) obtained by said his autopsy I viewed the (Autopsy or Inquiry) body and that said deceased came to her death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration
Due to fracture of femur with
Due to Automobile accident
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 28 1942 at 6 30 A M
(c) Where did injury occur? Baltimore (Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Foster M.D. Medical Examiner.
Date signed June 6 1942

VS c

F 92936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a F 92936 Registered No.

above

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Biddison Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Biddison Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raphaelle Viggiano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frank Viggiano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 19, 1867

8. AGE: Years 75 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Joseph Viggiano
(b) Address: 3807 Biddison Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1942 (month) (day) (year)
(c) Cemetery or crematory: St Mary's Cemetery
Location: Berwick, Pa.

18 (a) Funeral director: Leonard J. Rueckert
(b) Address: 2504 Harford Rd

19 (a) Filed JUN 9 1942 (b) Registrar: Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to June 7 1942 and that I last saw h[illegible] alive on June 7 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to: Hypertensive cardio-vascular renal disease — Duration: 10 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: S. A. Alessi

Address: 6217 Harford Rd Date signed: 6/9/42 (M. D.)

F 92937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

F 92937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Portland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Portland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth GRICUNAS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widowed

6 (b) Name of husband or wife Jasper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Luth

MOTHER
14. Maiden Name Unknown
15. Birthplace Luth.

16 (a) Informant ANNA. Mazkevich
(b) Address 5204 Ruth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Rawl Rd

18 (a) Funeral director Joseph Kaunisto & Son
(b) Address 607 Washington Blvd

19 (a) BUN 9 Jun 1942 Huntington Williamsburg, M.P.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 8:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1935 to June 7 1942 and that I last saw her alive on June 7 1942.

Immediate cause of death Coronary Occlusion — Duration 6-7-42

Due to Arteriosclerosis — 1939

Due to

Other Conditions Cholecystitis & Chronic Diarrhea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Edward F Dolan M.D.
Address 685 Washington Blvd Date signed 6-8-42

F 92938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 92938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628 McHenry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Mc Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis (Frank) T. ANNULIS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-4838

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17 - 1903

8. AGE: Years 38 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Meter Reader

11. Industry or business

FATHER
12. Name Anna Annulis
13. Birthplace Lith

MOTHER
14. Maiden Name Francis A. P
15. Birthplace Lith

16 (a) Informant Mary Annulis
(b) Address 1628 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)

(c) Cemetery or crematory New Catholic
Location Old Frederick Rd

18 (a) Funeral director Joseph Karayakas Inc.
(b) Address 602 W Washington Blvd

19 JUN 9 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 1145 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1, 1942. to JUNE 6, 1942. and that I last saw h[illegible] alive on MAY 31, 1942.

Immediate cause of death: MYOCARDIAL FAILURE — Duration: 2 hrs 15 min

Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration: years —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar G. Miller M. D.
Address 2116 E. Pratt St. Date signed 6/7/42

VS 3

F 92939

414324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

Registered No. F 92939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrows Pt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 E St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Pusey Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-6543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-72

8. AGE: Years	Months	Days	If less than one day
69	8	29	hr. min.

9. Birthplace Del (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace Del

MOTHER
14. Maiden Name Elizabeth Corson
15. Birthplace Del.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) [redacted] Huntington Williams, M.D. Registrar

JUN 9

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1942 to June 6 1942, and that I last saw him alive on June 6 1942.

Immediate cause of death Pulmonary edema secondary to 2 ivers.
Due to Failure of rt. heart.
Due to ? Carcinoma of Rt. Kidney
Other Conditions Jaundice, anemia

(Include pregnancy within 3 months of death)
Date of operation 6/3/42
Major findings of operations: None, it was a parenchymectomy (palliative)
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J. H. H. Date signed 6-6

F 92940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480 Registered No. F 92940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 W Osterd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/4
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 W Osterd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C. Ritchie

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Everett M. Ritchie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15th 1894

8. AGE: Years 48 | Months | Days 24/28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation home work

11. Industry or business at home

FATHER
12. Name John Selway
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Cora Eisel
15. Birthplace Baltimore Md.

16 (a) Informant Mr Everett M Ritchie
(b) Address 2 W. Osterd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Baltimore

18 (a) Funeral director John J Cowan & Son
(b) Address 96 Collins St.

19 (Date received by registrar) JUN 9 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1942, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 1942 and that I last saw deceased alive on June 6 1942

Immediate cause of death
Carcinoma of cervix — Duration 6 mos

Due to

Due to

Other Conditions Metastasis to pelvic organs. Radiation — 4 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Nulle M. D.
Address 1225 O Charles St Date signed 6/8/42

VS 8

F 92941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

417d F 92941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) L L

(e) Length of stay in Baltimore (yrs., mos., days) 21

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1601 Park Heights Ter (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME David L. Tinker

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-2447

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mildred Berman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-1906

8. AGE: Years 37 Months 1 Days - If less than one day hr. min.

9. Birthplace Argentovia (Town, county, and state)

10. Usual Occupation Int. Decorator

11. Industry or business

FATHER 12. Name Jacob Tinker

13. Birthplace Lith

MOTHER 14. Maiden Name Hoke Hoffberg

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)

(c) Cemetery Suburban Corp Location Rosedale

18 (a) Funeral director Jack Louis Inc

(b) Address 1439 E. Balto St

19 (a) JUN 9 1942 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1942 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1942 to 6-8 1942 and that I last saw h alive on 6-8 1942

Immediate cause of death Pulmonary edema & bronchopneumonia

Due to Bizarre pathology in lung

Due to ? Carcinoma ? Chronic granuloma

Other Conditions Acute Staphylococcal infection

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ? Carcinoma of lung ? Chronic granuloma

Duration
)
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Tobias Klaber

Address Sinai Hospital Date signed 6/8/42

-76.1

F 92942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

F 92942 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morton T. Holtman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 317-01-1882

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Katherine Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1882

8. AGE: Years 59 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Wm. Holtman

13. Birthplace Germany

MOTHER 14. Maiden Name Ernestine Cohnert

15. Birthplace Germany

16 (a) Informant Mrs. Otto Glasser

(b) Address 3232 Chesterfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director John Ullrich

(b) Address 2008 Orleans St

19 JUN 9 – 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1942 at 2:27 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-6-42 at 10 P.M.
(c) Where did injury occur? Chase St. & Montford Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury: Struck by auto, fell & struck head

23. Signature Howard J. Sheridan M.D. Medical Examiner

Date signed 6-7-42

V8 6

F 92943 Kalb

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 92943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Govanstown Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 Magnolia Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathleen Kalb (Birth F-42684)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 - 42

8. AGE: Years	Months	Days	If less than one day
	4	29	hr. min.

9. Birthplace Balto Co, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Matthew Kalb
13. Birthplace Balto.

MOTHER
14. Maiden Name Genevieve Zakrzewski
15. Birthplace Balto.

16 (a) Informant Parents
(b) Address Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Mill Rd.

18 (a) Funeral director Thos. F. Connolly
(b) Address 1718 Eastern Ave Essex

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-42 19 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to June 7 1942, and that I last saw her alive on June 7 1942.

Immediate cause of death Diarrhea — Duration 9 days

Due to Dehydration
Anuria

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Hunter Jr M. D.
Address University Hosp. Date signed 6-7-42

F 92944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 Registered No. 36957

F 92944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leon P Frank

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Anna C Frank
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct 26 1890

8. AGE: Years	Months	Days	If less than one day
51	7	11/30	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Railroad Engineer
11. Industry or business

FATHER
12. Name John H Frank
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary J Hurley
15. Birthplace Baltimore

16 (a) Informant Ruth Kinder
(b) Address 514 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director John Uffelman
(b) Address 2098 Belcom St.

19 (a) (State registrar) (b) Huntington Williams, M.D.

JUN 8 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1942 to June 6 1942, and that I last saw him alive on June 4 1942.

Immediate cause of death: Carcinoma of stomach — Duration: 7 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation March 17-1942

Major findings of operation: Involved with adjacent abdominal viscera has to perforate of stomach.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Schmitt
Address 701 N. Howard Ave. Date signed 6/9/42

F 92945

BALTIMORE CITY HEALTH DEPARTMENT ✓ 94a F 92945
CERTIFICATE OF DEATH
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7705 Wilson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 7705 Wilson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizetta W. Eisenhart

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~of wife~~ John Eisenhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1879

8. AGE: Years 63 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Diedrick Voss
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte H. Dieper
15. Birthplace Germany

16 (a) Informant John Eisenhart
(b) Address 7705 Wilson Ave

17 (a) Burial (b) Date thereof June 10, 1942 (day) (year)
(c) Cemetery or crematory Oakwood
Location Oakville, Md.

18 (a) Funeral director William Cooke Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 9 1942 (b) Registrar
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 7 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 8 1942

F 92946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 92946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3638 Hickory Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 Hickory Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel D. Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-6363

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Phoebe Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2-1880

8. AGE: Years 62 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace Rayville, Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Road Foreman

11. Industry or business P.R.R.

FATHER
12. Name Henry Clark
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth L. Wilson
15. Birthplace Maryland

16 (a) Informant Mrs Phoebe Clark
(b) Address 3638 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md

18 (a) Funeral director Forga F. Burgee
(b) Address 3621 Wolfe St. Baltimore, Md.

19 (a) JUN 9 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8. 1942. at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940. to June 8 1942.
and that I last saw him alive on June 8 1942.

Immediate cause of death: Arteriosclerotic Cardiovascular Renal Disease. — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence J. Schmeeke M.D.
Address 3711 Falls Rd Date signed 6-8-42

VS 1

FRANK D COOK ✓ F 92947

F 92947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & catonsville.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5521 Mattfeldt Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Frank D. Cook

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ethel E. Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10-1898

8. AGE: Years	Months	Days	If less than one day
44	3	27	hr. min.

9. Birthplace md. Sandy Springs (Town, county and state)
10. Usual Occupation was carried
11. Industry or business News Paper

FATHER
12. Name Frank cook
13. Birthplace Wis

MOTHER
14. Maiden Name Lillian Gorham
15. Birthplace Va

16 (a) Informant Mrs. Ethel E. Cook
(b) Address 5521 Mattfeldt Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3431 Falls Road

19 (a) JUN 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address St. Agnes Hosp. Date signed 6/9/42

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 7 1942 and that I last saw deceased alive on June 7 1942.

Immediate cause of death
Septicemia
Due to Miliary Tuberculosis
Due to Pulmonary Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Arthur Rosenberg

VS 3

F 92948 HEALTH DEPARTMENT—CITY OF BALTIMORE F 92948

CERTIFICATE OF DEATH. 94a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 George St St. Ward 17)

2-FULL NAME Olivia Payne

(a) RESIDENCE No. 832 George St St., Ward 17
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Payne

6 DATE OF BIRTH (month, day, and year) 11-26-~~1860~~ 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
7½	65	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sophie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Ethelda Payne
(Address) 832 George St.

15 JUN 9-1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5-42

17 I HEREBY CERTIFY, That I attended deceased from 5-14, 1942, to 6-4, 1942

that I last saw her alive on 6-4-, 1942

and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Coronary Occlusion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 9, 1942

20 UNDERTAKER Mrs Kate R Williams — ADDRESS 322 W. Lanvale St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Kirby

F 92949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 92949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3515 4th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3515 4th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. F. Kirby Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	W.

6 (b) Name of husband or wife Emma A Hartman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1874

8. AGE: Years	Months	Days	If less than one day
68	2	0	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Baby Cat

11. Industry or business Employee

FATHER
12. Name James
13. Birthplace Balto.

MOTHER
14. Maiden Name ?
15. Birthplace Balto.

16 (a) Informant Mrs. Lucas Kirby
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42
(day) (month) (year)
(c) Cemetery or crematory [redacted]
Location Frederick Md.

18 (a) Funeral director I. Frys McCardell
(b) Address 130 E. Fort Ave

19 (a) JUN 9 (b) 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1942 at 5 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1st 1942 to June 8th 1942 and that I last saw him alive on June 1st 1942

Immediate cause of death

Duration

Due to Mitral Heart Disease 3 Years

Due to

Other Conditions Hypertension & Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Kirby Jr.
Address 1703 Eutaw Pl. Date June 9th 1942

VS 3

#10

Frost

F 92950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

417a

F 92950 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Hanlon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Hanlon. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph O. Frost

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife Helen M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1878

8. AGE: Years	Months	Days	If less than one day
64	2	28	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Shop Worker
11. Industry or business W. Md. RR.

FATHER
12. Name Orman
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Lopkeden
15. Birthplace Md.

16 (a) Informant Mrs. Bennett
(b) Address 1432 Hanlon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway

18 (a) Funeral director J. J. McCarthy
(b) Address 156 E. Fayette

19 (a) Filed (Date received) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1939 to June 7 1942 and that I last saw h[illegible] alive on June 7 1942.

Immediate cause of death Carcinoma of Larynx — Duration Not Known

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M. D.
Address 107 East West St Date signed June 9, 1942

F 92951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

F 92951 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1244 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1244 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edgar Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5285

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mildred M. Krause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30	9	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business May O'D Co.

FATHER
12. Name Thomas William Hudson
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Lillie V. Long
15. Birthplace Va.

16 (a) Informant Mrs. Mildred Hudson.
(b) Address 1244 William street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Balto. Annap. Rd.

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8 6-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 1:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition and an autopsy thereon and from the evidence obtained by said inquisition & autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence June 8 1942, 12:45 AM
(c) Where did injury occur? 1244 William St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Revolver

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 8 1942

F 92952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 92952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Clarkson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Clarkson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Conway

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1854

8. AGE: Years	Months	Days	If less than one day
88	4	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Mrs. Ballard (Daughter)
(b) Address 1620 Clarkson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director J. Fenwick McCauley
(b) Address 130 E. Fort Ave.

19 (Date received by registrar) JUN 9 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1942 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1941 to 6/6 1942 and that I last saw her alive on 6/5 1941.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to arteriosclerosis	
Due to senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cator Ave. Date signed

VS 3

F 92953

E.S. (74285)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30e

F 92953 1

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Arthur Jackson

3 (b) If veteran, name war: W. W.

3 (c) Social Security Account No. 213-01-5764

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 22, 1892

8. AGE: Years 49 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name Bill Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester ?
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1520 Bank St. Baltimore Md.

19 (a) JUN 9 - 1942 (Date rec'd by registrar) (b) Huntington Ingleside Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-42 19 , at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1942 to 6-6 1942 and that I last saw him alive on 6-6 1942

	Duration
Immediate cause of death: Pulmonary embolus	
Due to: Thrombophlebitis left leg.	?
Due to:	
Other Conditions: Lustri Cardio vascular disease - aortic insufficiency	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt City Hosp Date signed 6-7-42

VS 3

F 92954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 92954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Nursery Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Page

3 (b) If veteran, name war	3 (c) Social Security Account No.
W. W.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Page
13. Birthplace Va.

MOTHER
14. Maiden Name Lucie Fields
15. Birthplace Va.

16 (a) Informant Mary Wall
(b) Address 1012 Nursery Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 1

18 (a) Funeral director [redacted] Wilson
(b) Address [redacted] Brant Ave Hunting Towers Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 7 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + inquiry thereon and from the evidence obtained by said inspection + inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Spontaneous cerebral hemorrhage. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 8th 1942

VS 6

F 92955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 92955 1 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Pulaski St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Carter

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife: John H. Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 25, 1858

8. AGE: Years	Months	Days	If less than one day
83	9	17/12	hr. min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual Occupation: Housewife.
11. Industry or business: —

FATHER
12. Name: Hopp
13. Birthplace:

MOTHER
14. Maiden Name: Unknown.
15. Birthplace:

16 (a) Informant: Mrs Lillian Pollstein
(b) Address: 602 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10-42 (Month) (day) (year)
(c) Cemetery or crematory: The Lorraine Park
Location: Franklin Rd Woodlawn

18 (a) Funeral director: Frank Deller Hoen
(b) Address: 52 N. Marley St.

19 (a) JUN 9 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 12.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942, to June 8 1942, and that I last saw her alive on June 8 1942.

Immediate cause of death	Duration
Senility	?
Myocarditis, chronic	
Due to	
Due to	
Other Conditions Bronchopneumonia	2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Allen Deckert M.D.
Address 1127 St Paul St Date signed 6/8/42

VS 3

F 92956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 92956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN HOLTER

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Catherine Hickman
(b) Address 15 South Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (month) (day) (year)
(c) Cemetery or crematory St. Mathews
Location O'Donell Street

18 (a) Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) (b) Huntington Williams M.D.

JUN 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1942 at 2 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hematoma extradural + subarachnoid — Duration

Due to: Contusion of head

Due to:

Other Conditions: Chronic alcoholism

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 3 1942 at 11 P.M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) Street While at work? No
(e) Means of injury fall down flight of stairs

23. Signature Huntington Williams M.D. Medical Examiner.

Date signed 6-5-42

F 92957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 F 92957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Eutaw Place
(c) Hospital or institution:
Florence Nightingale Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie B. Austin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Ira Austin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1867

8. AGE: Years	Months	Days	If less than one day
74	8	11	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Louis Burkhard
13. Birthplace

MOTHER
14. Maiden Name Louise Burkhard
15. Birthplace

16 (a) Informant Miss Rebecca Randolph
(b) Address 1902 Eastern Ave.

17 (a) Burial (b) Date thereof June 9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
Address 1900 Eutaw Place

JUN 9 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th - 1942 at 12:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 3 1942, to June 6 1942, and that I last saw her alive on June 6 1942.

Immediate cause of death	Duration
Carcinoma of the Stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Futterman M. D.
Address 2324 Reisterstown Rd. Date signed 6/8/42

F 92958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 F 92958 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Lawrence Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John D. Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-18-4802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1923

8. AGE: Years	Months	Days	If less than one day
19	3	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Ira Taylor
13. Birthplace N. Car.

MOTHER 14. Maiden Name Mary Williams
15. Birthplace N. Car.

16 (a) Informant Ira Taylor
(b) Address 1824 Lawrence Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 10 (day) 42 (year)
(c) Cemetery or crematory Mt Auburn
Location MD

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Presstman St

19 JUN 9 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1942 at 6:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-6-42 at 3 P M
(c) Where did injury occur? Harbor at Foot (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Drowning, did not come to surface

23. Signature Thomas J. Lowdermilk M.D. Medical Examiner.

Date signed 6-7-42

F 92959

E.S. (60218)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836

F 92959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7 18
(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 O'Donnell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Burzdinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Stanislow Bruzdinski(d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)?

8. AGE: Years	Months	Days	If less than one day
90 ?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 10 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location Gorman Mill Rd. Balto

18 (a) Funeral director Jamey & Brzezinski
(b) Address 4947 Eastern Ave.

19 (a) JUN 9 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1942 at 8 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940 to 6-7 1942 and that I last saw h alive on 6-7 1942

Immediate cause of death Cerebral thrombosis — Duration ?

Due to Essential arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp Date signed 6-7-42

92960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 92960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution: Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 89 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Sig Fensolatt
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or [redacted] Beth Tfilah
Location Garrison Road

18 (a) Funeral director Jos. Levin Sons
(b) Address 1439 E. Balto St.

19 JUN 9 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1928 to 6-8 1942 and that I last saw [redacted] alive on 6-8 1942

Immediate cause of death: Chr. card. vascular disease
Hypertension, Arteriosclerosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 6/9/42

VS 2

F 92961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 306

F 92961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6549 St Helena ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie M. Dutty

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Homer E. Dutty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	28	hr. min.

9. Birthplace West Va.
(Town, county, and state)

10. Usual Occupation Practical Nurse

11. Industry or business

FATHER
12. Name William Powell
13. Birthplace West Va.

MOTHER
14. Maiden Name Hattie May Powell
15. Birthplace West Va.

16 (a) Informant Mrs Dana M. Sayre
(b) Address 6549 St Helena ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial Park
Location Dorsey Md

18 (a) Funeral director E. Levy Stiffler Inc
(b) Address 1615 E. North ave.

19 JUN 9 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to June 7 1942 and that I last saw her alive on June 7 1942.

Immediate cause of death	Duration
Organizing Pneumonia Left Lung -	
Due to Malaria Quotidian.	
Due to	
Other Conditions Puerperium Syphilitic Cerebral Endarteritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia Lt malarial Puerperium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Torrance Baker M.D.
Address Sinai Hosp Date signed 6/8/42

F 92962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 F 92962 Registered No.

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 713-67-7614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A.B. Country Rd

18 (a) Funeral director Chas G. Cooper

(b) Address 5-44 St. Catherine Hunting or Pulaski, Md.

19 JUN 9 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 3 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence May 31 1942 at 2 AM
(c) Where did injury occur? 638 W. Franklin St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? NO
(e) Means of injury Stabbed

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed June 1 1942

VS 6

Med Exam Case

F 92963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64 F 92963
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N Durham (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Goldie Selenna Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-42

8. AGE: Years	Months	Days	If less than one day
	3	1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Lillian Wilson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly ave Huntington W Va

19 (a) Filed by (b) Registrar

JUN 9 [redacted]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Pulmonary edema — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Enlarged thymus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy Pollack
Address J. H. H. Date signed 6-9-42

F 92964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 92964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 740 ~~River~~ Redwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Saulsbury 74370

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1921

8. AGE: Years	Months	Days	If less than one day
20	8	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Saulsbury
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Gadden
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-42 (Month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Lafayette St Huntington Williams, M.D.

19 (a) (b) Registrar

JUN 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 3:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to June 5 1942, and that I last saw her alive on June 5 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balt. City Hosp Date signed 6-6-42

F 92965

F 92965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Vine
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Vine (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Eliza Rozzle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minor Rozzle

6 (c) If alive, give age 70 years

7. Birthdate of deceased (mo., day, yr.) —

8. AGE Years 66 | Months — | Days — | If less than one day hr. — min.

9. Birthplace No. Carolina (Town, county, and state)

10. Usual Occupation Work

11. Industry or business

FATHER 12. Name Jno Mackenzie

13. Birthplace N. C

MOTHER 14. Maiden Name —

15. Birthplace N. C

16 (a) Informant William Rozzle

(b) Address 1813 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St Huntington Indiana

19 (a) JUN 9 – 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 6 1942 and that I last saw her alive on June 6 1942.

Immediate cause of death Apoplexy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Kagarise

3027 Leadenhall St

Date signed 6/9/42

VS 3

F 92966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

896 Registered No.

F 92966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Granville Hutchins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married

6 (b) Name of husband or wife Susie
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) 9-30-92

8. AGE: Years	Months	Days	If less than one day
49	8	7	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas ?
13. Birthplace md.

MOTHER
14. Maiden Name Annie Miles
15. Birthplace md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Arlington Ave

19 JUN 9 1942 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 7 1942 and that I last saw h alive on June 4 1942

Immediate cause of death: Pneumococcus Meningitis — Duration: 7 days
Due to
Due to
Other Conditions: Chronic mastoiditis, ? alcohol abuse, pulm. atelectasis
(Include pregnancy within 3 months of death)
Date of operation 6.1.42
Major findings of operation: Chronic left mastoiditis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert C. Austrian
Address Johns Hopkins Hosp Date signed 6/8/42

VS 3

F 92967 ✓ F 92967 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Alexander

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	219-01-5886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Lula J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-1, 1887

8. AGE: Years	Months	Days	If less than one day
54	10	7	hr. min.

9. Birthplace South Carolina (Town, county and state)
10. Usual Occupation Lepair Fireman
11. Industry or business Empire Con. Co. (Repair)

FATHER
12. Name Robert Alexander
13. Birthplace South Carolina

MOTHER
14. Maiden Name Rachel ?
15. Birthplace South Carolina

16 (a) Informant Lula J. Alexander
(b) Address 922 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Maryland

18 (a) Funeral director William H. Jackson
(b) Address 916 - Penna Ave.

19 JUN 9 1942 Filed by registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 42 at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 19 42 to June 4 19 42 and that I last saw h. alive on June 4 19 42

Immediate cause of death Miliary Tuberculosis — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 6/8/42

F 92968 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 92968 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 N Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1603 Gorsuch Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle Riley

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69	—	—	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation At home.
11. Industry or business

FATHER
12. Name John A. Riley
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Mary Jane McCaffey
15. Birthplace Scotland

16 (a) Informant Mrs. N. Bausmith
(b) Address 1603 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd.

18 (a) Funeral director L. Paston Shanahan
(b) Address 1501 E. 33rd St

19 JUN 9 - 1942 (Date received by Local Registrar) (b) Huntington Hill Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 7. 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6. 1. 1942 to 6. 7. 1942 and that I last saw her alive on 6. 7. 1942

Immediate cause of death — Duration

Bronchopneumonia → 6 days

Due to

Due to

Other Conditions Diabetes Mellitus
Nemochromatosis (Bronzed Diabetes)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. V. Vonnyakos
Address St Joseph's Hospital Date signed 6/7/42

VS 8

F 92969

416958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92969 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Nashville (If outside city or town limits, write RURAL and give town)
(d) Street No. 200 Mockingbird Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Seymour Bein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-01

8. AGE: Years	Months	Days	If less than one day
41	4/3	24	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Alex. Bein
13. Birthplace Poland.

MOTHER
14. Maiden Name Rose Schapiro
15. Birthplace Poland.

16 (a) Informant Rhonda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/42 (month) (day) (year)
(c) Cemetery or crematory ?
Location Nashville, Tenn.

18 (a) Funeral director Marie Sansbrain Hon
(b) Address 1904 Eutaw Place
Huntington Hill

(Date rec'd by registrar) JUN 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to June 9 1942, and that I last saw him alive on June 9 1942.

Immediate cause of death Uremia — Duration 6 days.
Due to Bladder Tumor? (Probably metastatic) — 6 mos.
Due to — 1 year.
Other Conditions History of removal of Cancer of rectum. (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan Bernstein
Address 1039 N. Calvert St Date signed 6/8/42 M. D.

F 92970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 92970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 44 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 344 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Goodale

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm. C. Goodale (deceased)
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Caleb Wroten
13. Birthplace Va.

MOTHER
14. Maiden Name Charlotte (?)
15. Birthplace Md

16 (a) Informant Alfred O. Goodale (son)
(b) Address 1517 Williams St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Charles St.

19 (a) JUN 9 — 1942 (Signature of Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 3 00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic arteriosclerotic heart disease — Duration
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 9 1942

VS 6

F 92971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1578 Registered No.

F 92971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Callow Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2905 Alameda Blvd (If outside city or town limits, write RURAL and give town)
(d) Street No. 4-6 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Mason Birth 5074z

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or Business

FATHER
12. Name Lynn R. Mason
13. Birthplace Hancock Md

MOTHER
14. Maiden Name Rose G. Deimel
15. Birthplace Phila Pa

16 (a) Informant Lynn R. Mason
(b) Address 2905 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Roth & Sons, B. M. Watters
(b) Address Fort & Stricker Sts

19 JUN 9 - 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1942, at 2:30 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1942, to June 8, 1942 and that I last saw her alive on June 8, 1942

Immediate cause of death Intestinal Obstruction (congenital)

Due to Adhesions bands over the loops of intestine

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 6/9/42

VS 2

41665 F 92972 BALTIMORE CITY HEALTH DEPARTMENT F 92972

CERTIFICATE OF DEATH

87e Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Stallington (If outside city or town limits write RURAL and give town)
(d) Street No. 25 W. Lancaster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Paul Foster Mennick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-17-00

8. AGE: Years	Months	Days	If less than one day
41	9	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation dentist
11. Industry or business

FATHER
12. Name Joseph K. Mennick
13. Birthplace Pa.

MOTHER
14. Maiden Name Ida Atwell
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Norland
Location Chamberburg & Franklintown Rd.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pulaski Ave

19 (a) JUN 9 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942 at 1 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942 to June 9 1942 and that I last saw him alive on June 9 1942

Immediate cause of death: Hypertensive uraemic alcoholism — Duration

Due to Essential hypertension (4)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Hillman Jr. M.D.
Address J. Hopkins Hosp signed 6-9-42

VS 8

F 92973 ✓ F 92973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 Pa. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emanual Menson 73088

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4581

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1893

8. AGE: Years 49 | Months 0 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace La. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Edward
13. Birthplace La.

MOTHER
14. Maiden Name Mary
15. Birthplace La.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

19 (a) JUN 9 - 1942 (Signature of registrar) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 42 at 6:15 P M

21. I certify that death occurred on the date above stated: that I attended deceased from Apr. 6 19 42 to June 8 19 42, and that I last saw h im alive on June 8 19 42

Immediate cause of death — Duration

Pulmonary tuberculosis — 4mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Greaney M. D.
Address Baltimore City Hospitals Date signed 6/9/42

F 92974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. F 92974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2447 Jefferson ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Ashburton ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Schroeder

3 (b) If veteran, name war

3 (c) Social Security Account No. 109-12-1983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	M	Married

6 (b) Name of husband or wife Anna B Schroeder
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 31, 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	10	8		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name George Schroeder
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Mardaga
15. Birthplace Prussia

16 (a) Informant Anna B. Schroeder
(b) Address 1701 Ashburton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Memorial
Location

18 (a) Funeral director Charles P Powell
(b) Address 2447 Edmondson Ave.

19 (a) JUN 9 - 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed June 9th 1942

VS 6

F 92975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 92975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 Mondawmin Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY UPTON BUTLER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Mar.
6 (b) Name of husband or wife: Genevia Powell
6 (c) If alive, give age: 68 years
7. Birth date of deceased (mo., day, yr.): May 14, 1857
8. AGE: Years 85 | Months | Days 23 22 | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Retired Lieut. Comdr.
11. Industry or business:
FATHER 12. Name: William J. Butler
13. Birthplace: ? Maryland
MOTHER 14. Maiden Name: Lydia Basson
15. Birthplace: ? Maryland
16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Nat'l. Cem.
Location: Frederick Rd., Balto., Md.
18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: 1601 Pa. Aves., Balto. Md.
19 (a) JUN 9-1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 10:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942, to June 6 1942, and that I last saw him alive on June 6, 1942.

Immediate cause of death: Arteriosclerotic heart disease, unknown duration — Duration: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Emerson Y. Gaddis M.D.
Address US Marine Hospital Baltimore, Md. Date signed 6/8/42

F 92976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

F 92976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4309 Mary Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2543 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELIZABETH MACHOVEC

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Joseph J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1886

8. AGE: Years	Months	Days	If less than one day
55	6	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John H. Bien
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Wilhelmina Schanze
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. J. J. Machovec, husband
(b) Address 2534 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) (Date received by Registrar) JUN 9 1942 Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942 to June 6 1942, and that I last saw h[illegible] alive on June 6 1942.

Immediate cause of death	Duration
Edema Cerebrum	
Ca Liver.	
Due to	
Due to	
Other Conditions Hypertension Congestion (Include pregnancy within 3 months of death)	

Date of operation Feb 3 1942
Major findings of operation: Pathological Liver & Pancreas proved Adenocarcinoma
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Bollyns M. D.
[illegible] Medical Arts Bldg Date signed

92977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 92977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as far as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 WASHINGTON BLVD
(c) Hospital or institution: 450
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YR

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 WASHINGTON BLVD (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES B. KUCHAUSKAS

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 213-14-0710

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ELIZABETH KUCHAUSKAS

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 3/3/1881

8. AGE: Years 60 | Months 5 | Days 27 | If less than one day: 1 hr. 20 min.

9. Birthplace: STARPALIS, LITHUANIA (Town, county, and state)

10. Usual Occupation: FUNERAL DIRECTOR

11. Industry or business: FUNERAL DIRECTING

FATHER
12. Name: BALTRUS KUCHAUSKAS
13. Birthplace: STARPALIS LITHUANIA

MOTHER
14. Maiden Name: ONA K
15. Birthplace: STARPALIS LITHUANIA

16 (a) Informant: ELIZABETH KUCHAUSKAS
(b) Address: 637 WASHINGTON BLVD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-11-42 (month) (day) (year)
(c) Cemetery or crematory: MOST HOLY REDEEMER
Location: BELAIR ROAD.

18 (a) Funeral director: George D. Pfaffs Sons
(b) Address: 33 S. Howard St

19 (a) JUN 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 7 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 27 1935 to JUNE 7 1942 and that I last saw him alive on JUNE 6 1942

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	6-7-42
Due to: ARTERIOSCLEROSIS	1937
Cardio Vascular Disease	
Due to: ARTERIOSCLEROSIS	1937
Other Conditions: BRONCHIAL ASTHMA (Include pregnancy within 3 months of death)	
Major findings: Of operations: NONE	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) — While at work? —
(e) Means of injury —

23. Signature: Edward J. Milan, M.D.
Address: 637 WASHINGTON BLVD Date signed: 6-8-42

VS 3

F 92978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 92978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1725 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Christy

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles B.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/25/1863

8. AGE: Years 78 | Months 5 | Days 14 | If less than one day: hr. min. 13

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name ? Neal
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ?
15. Birthplace Baltimore Md.

16 (a) Informant Charles B. Christy - Son
(b) Address 1725 E. Lafayette Ave.

17 (a) Burial (b) Date thereof 6-10-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location North Ave & Pine Sts

18 (a) Funeral director George J. Pfeltz Son
(b) Address 731 Hamburg Ave
JUN 9 - 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed June 9 1942

V8 6

92979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 92979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2277 Aiken St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2277 Aiken St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josiah O. Bennett

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Velma Bailey
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 9/7/1890

8. AGE: Years 51 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual Occupation Chauffeur
11. Industry or business Private

FATHER
12. Name Edward Bennett
13. Birthplace N.J.

MOTHER
14. Maiden Name Anna Collison
15. Birthplace N.J.

16 (a) Informant Mrs. Vilma Bennett
(b) Address 2227 Aiken Street

17 (a) Burial (b) Date thereof 6-11-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Co.

18 (a) Funeral director George D. Ruth Inc.
(b) Address 2300 Pennsylvania Ave
JUN 9 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 3 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed June 9 1942

VS 6

92980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

F 92980 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5918 Greenhill Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK MITCHELL

3 (b) If veteran, name war: SAM
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22, 1867
8. AGE: Years 74 Months 11 Days 18 If less than one day hr. min.
9. Birthplace New Bedford, Mass. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Thomas Mitchell
13. Birthplace Portland, Maine

MOTHER
14. Maiden Name Elizabeth Bryson
15. Birthplace Portland, Maine

16 (a) Informant Records-U. S. Marine Hospital
(b) Address . Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem
Location Fleeton Falls
18 (a) Funeral director The C. Milby Sons
(b) Address 2435 Oliver St.
19 (a) JUN 9 1942 (b)
Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH June 9 1942, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1942, to June 9 1942, and that I last saw him alive on June 9, 1942.

	Duration
Immediate cause of death: Uremia	1 Month
Due to: Carcinoma of Cervix with obstruction	1 yr. +
Due to:	
Other Conditions: Arteriosclerosis, Glycosuria (Include pregnancy within 3 months of death)	

Date of operation None done
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. H. Anderson per C. B. Magda M. D.
Address U S Marine Hospl. Date signed 6/9/42

F 92981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 92981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Plum alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard A. Spriggs

3 (b) If veteran, name war WW #1

3 (c) Social Security Account No. 218-03-5379

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1890

8. AGE: Years 51 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Ballot Spriggs
13. Birthplace Md

MOTHER 14. Maiden Name Clara Green
15. Birthplace Md

16 (a) Informant Viola Spriggs (W)
(b) Address 1013 Plum alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Monument St

19 (a) JUN 10 1942 (b) Thurlie for Wilbur Wilkerson, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to June 8 1942, and that I last saw him alive on June 9 1942.

Immediate cause of death Uremia — Duration

Due to Hepato Renal Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 27, 1942

Major findings of operation: Ca of Stomach

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 - Light Street Date signed 6-8-42

F 92982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 92982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. Balto. Girl.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Peach Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3202

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1889

8. AGE: Years 53 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elsie Clark
(b) Address 229 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b) Registrar

JUN 10 1942

VS 6 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942, at 12 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death Lobar pneumonia right upper & lower lobes — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed June 6 1942

F 92983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942a Registered No. F 92983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Myers Brantley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Winston Brantley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1892

8. AGE: Years 50 Months 49 Days If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business

FATHER 12. Name Samuel J. Myers

13. Birthplace Ind

MOTHER 14. Maiden Name Sarah Evans

15. Birthplace Md

16 (a) Informant Celia B. Brown

(b) Address 813 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Jamison & Davis

(b) Address 1142 Wolfe St

19 (a) (b) Huntington Williams, M.D.

1 Order rec'd by registrar

JUN 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to June 6 1942 and that I last saw h alive on June 6 1942.

Immediate cause of death

(a) Coronary Thrombosis — Duration Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Markell M. D.
Address 84 Harlem Date signed 6/8/42

F 92984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 92984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 East 20th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 98 720 East 20th St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ANNIE BALLMAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Walter White Ballman
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Sept. 27 1888
8. AGE: Years: 53 Months: 8 Days: 14 16 If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name: Patrick Jennings-deceased
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Holland-deceased
15. Birthplace: Ireland

16 (a) Informant: Mr. Walter W. Ballman (Husband)
(b) Address: 720 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10. 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 JUN 10 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 6. 1942 at 10.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1940 to 6/6 1942, and that I last saw her alive on 6/6 1942

Immediate cause of death: Carcinoma of Cervix (Uteri) — Duration: 2 yrs.
Due to: Unknown
Due to: Unknown
Other Conditions: Metastasis
(Include pregnancy within 3 months of death)

Date of operation 11/12/40
Major findings of operation: Carcinoma of Uterus (Cervix)
of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Talbot K. Wilkinson M.D.
Address 1800 N. Charles St. Date signed 6/9/42 M.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

F 92985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92985 Registered No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2933 Gwynns Falls Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2933 Gwynns Falls Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANITA G. CIAMBRUSCHINI

3 (b) If veteran, name war: nond
3 (c) Social Security Account No. 215-01-3662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Reginald S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1905

8. AGE: Years	Months	Days	If less than one day
36	11	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation button hole maker
11. Industry or business

FATHER
12. Name unknown Bindock
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Dunnock
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Reginald S. Ciambrushhini
(b) Address 2933 Gwynns Falls Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Pa. Aves.

19 (a) JUN 10 1942 (Date rec'd by registrar) Huntington Hilton Reg. No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/42 19 , at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 19 42 to 6/7 19 42 and that I last saw [illegible] alive on 6/6 19 42

Immediate cause of death [illegible] Tuberculosis
Due to [illegible] Duration 1 yr
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 6 [illegible] Date signed 6/10/42

F 92986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

F 92986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2421 Arunah Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 5 Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH C. EAGLESTON

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-03-8294

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1885

8. AGE: Years	Months	Days	If less than one day
57	1	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation saleslady
11. Industry or business Wyman Shoe Co.

FATHER
12. Name George I. Eagleston
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine M. Carr
15. Birthplace Baltimore

16 (a) Informant Mrs. Viola E. Wells,
(b) Address Northway Apts.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tippett & Sons
(b) [illegible] Northern Pkwy Ave. Balto., Md.

19 (a) JUN 10 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to June 7 1942; and that I last saw him alive on June 7 1942

Immediate cause of death: Chronic Valvular disease of Heart — Duration: 2yrs

Due to: Chronic Nephritis — Duration: 3yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Emery M.D.
Address 6 W. Mt. Vernon Pl. Date signed 6/9/42

F 92987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3727 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Wilhelmina Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Bethuel Hopkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29 - 1888

8. AGE: Years	Months	Days	If less than one day
54	1	29	hr. min.

9. Birthplace Havre de Grace, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business At home.

FATHER
12. Name Chas. Eheynd
13. Birthplace Sweden

MOTHER
14. Maiden Name Josephine Johnson
15. Birthplace Sweden

16 (a) Informant Jennie Mayer
(b) Address Joppa, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md

18 (a) Funeral director John Ulland
(b) Address 2004 Orleans St

19 JUN 10 1942 (b) Huntington Williamsport Md.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 1:38 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~no operation~~ autopsy thereon and from the evidence obtained by said ~~no operation~~ autopsy and that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death spontaneous cerebral hemorrhage — Duration

Due to hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed June 9 1942

F 92988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 a Registered No. F 92988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3223 Fait Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 3223 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. FREUND

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles A. Freund
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1889

8. AGE: Years	Months	Days	If less than one day
52	10	12	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. H. Langenfelder
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Lena Lang
15. Birthplace Germany

16 (a) Informant Mrs. C. A. Freund
(b) Address 3223 Fait Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Stemmers Run, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) [illegible] Huntington Williams, Reg.

JUN 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1942 at 9:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 9 1942 and that I last saw her alive on June 9 1942

Immediate cause of death Coronary occlusion — Duration
Due to Femoral thrombus left extremity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Sherwood Ave Date signed

F 92989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

F 92989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 N Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Holzschuh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John D. Holzschuh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-1854

8. AGE: Years	Months	Days	If less than one day
87	6	9	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation At Home.
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Nicholas J. Holzschuh.
(b) Address 1735 N Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Myers
(b) Address 5305 Harford Rd

19 (c) JUN 10 1942 Huntington Williams Registrar

VS 9

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to June 1942 and that I last saw her alive on June 9 1942

Immediate cause of death Myocarditis — Duration 4 days
Intestinal Ileus
Due to age
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed. K. Zimmerman M.D.
Address 9858 Harford Date signed 6/10/42

MFR 73903

F 92990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92990

Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 4910 Eastern Ave.

(b) Street address

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 822 N. Dallas St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Eugene Maragne

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race C

6 (a) ~~Single, Married, Widowed, Divorced~~ Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1912

8. AGE: Years 30 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wade Maragne

13. Birthplace South Carolina

MOTHER 14. Maiden Name Ollie Jennings

15. Birthplace Georgia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location B. A. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St.

19 JUN 10 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, 8:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to June 8 1942 and that I last saw him alive on June 8 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp Date signed 6-9-42 M.D.

VS 3

F 92991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 92991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Calon Ave

(b) Street address St Agnes Hospital

(c) Hospital or institution: Hospital St Agnes Hybl

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 33 W. North Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3 (a) FULL NAME Constantine Millionis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 5-21-1895.

8. AGE: Years	Months	Days	If less than one day
56	0	19	18 hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Restaurant

FATHER — 12. Name John Millionis

13. Birthplace Greece

MOTHER — 14. Maiden Name Irene Spathoras

15. Birthplace Greece

16 (a) Informant Mrs May Millionis

(b) Address 33 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Stewart Mortuary Co.

(b) JUN 10 1942 Address 1300 Pennsylvania Ave. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1942, to 6/9 1942 and that I last saw him alive on 6/9 1942

Immediate cause of death Pulmonary embolus. abdominal distention

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/7/42

Major findings of operation: acute appendicitis. Carcinoma of autopsy ~~yes~~ no.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James N Evans

Address St. Agnes Hosp. Date signed M. D. 6/9/42

VS 1

F 92992

F 92992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Rebecca Dorwood (Sister Camillus)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1912

8. AGE: Years	Months	Days	If less than one day
29	10	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name Charles C Dorwood

13. Birthplace —

MOTHER 14. Maiden Name Bertha A. Martin

15. Birthplace —

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Mt Olivet - Balto Md

18 (a) Funeral director Bleistein Memorial Co.
(b) Address 1200 Harlem Ave.

19 (a) JUN 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 8:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1941 to June 8 1942, and that I last saw her alive on June 2 1942.

	Duration
Immediate cause of death: Pulmonary Embolism	1 Day
Due to: Large hematoma in right inguinal region	10 Days
Due to:	
Other Conditions: Manic depressive psychosis	6 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett Gallagher M. D.
Address 3 E Fayette St (Date signed)

VS 1

F 92993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 92993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Ething Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Ething Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Charles West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A. A.	Widower

6 (b) Name of husband or wife Catherine West

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1882

8. AGE: Years	Months	Days	If less than one day
60 60	3	12 11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Joseph E. West
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Bias
15. Birthplace Maryland

16 (a) Informant Lillie West
(b) Address 1819 Ething Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Md

18 (a) Funeral director Geo. G. Kelly
(b) Address 1303 Pennsylvania Ave

19 (a) JUN 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 3:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1942 to 6/7 1942 and that I last saw h alive on 6/6 1942

Immediate cause of death — Duration
Cardio Vascular Renal Disease — Indefinite
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carson C. Johnson
Address 1802 Druid Ave Date signed 6/9/42

VS 3

F 92994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 92994 1 Registered No. 567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Pennsylvania Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jamison.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-1748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male.	Black.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 [illegible]

8. AGE: Years	Months	Days	If less than one day
51	1	24	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Jamison

13. Birthplace Pa.

MOTHER 14. Maiden Name Nellie Satchell

15. Birthplace Pa

16 (a) Informant Rennda.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6/12/42 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Emil H. Kelson

18 (a) Funeral director Leg. D. Kelson

(b) Address 1503 Pleasant St

19 (a) [illegible] (b) [illegible]

[illegible] 10 1942 Huntingtown Williams, Md.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June-8 1942 to June-8 1942 and that I last saw him alive on June-8 1942

Immediate cause of death Intracranial tumor — Duration 2 yrs.

Due to

Due to

Other Conditions amoebic dysentery (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Bilateral cerebellar abscess. Liver abscess

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hosp. Date signed 6/8/42

F 92995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

F 92995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 East ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 East ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Monte

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1852

8. AGE: Years	Months	Days	If less than one day
90	5		hr. min.

9. Birthplace Genova Italy (Town, County, and State)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Dept. of Public Welfare Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Balto., Md.

18 (a) Funeral director Frank Della Vore

(b) Address 52 N. Monkey St.

19 (Date received by registrar) JUN 10 1942 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry thereon and from the evidence obtained by said autopsy & investigation and that said deceased came to his death on the day stated above,

Immediate cause of death Chronic arteriosclerotic cardio-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed June 9 1942

1 Copy Death
F 92996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 92996
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roseanna Ellerbe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife John Ellerbe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept

8. AGE: Years	Months	Days	If less than one day
23	9		hr. min.

9. Birthplace N.C (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name James Williams
13. Birthplace N.C

MOTHER 14. Maiden Name Sallie Covington
15. Birthplace N.C

16 (a) Informant Sallie Terry
(b) Address 630 N Carolina

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A.A. Co. Md.

18 (a) Funeral director Robert E. Williams
(b) Address 645 McElderry St

19 (a) JUN 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942, at 10.P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 8 1942

F 92997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 92997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Montpelier St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbourn H Butcher Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-1750

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1872

8. AGE: Years 69 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Longview Pa (Town, county, and state)

10. Usual Occupation Stationary Eng.

11. Industry or business Lumber Yard

FATHER
12. Name Wilbourn H Butcher
13. Birthplace Shade Pa

MOTHER
14. Maiden Name Mary M Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Melvin A Thomas
(b) Address 4284 Kolb Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Forrest Md

18 (a) Funeral director Wallbrook Co
(b) Address 1717 E Pratt St

JUN 10 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1942 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/28/1942 to 6/7/1942 and that I last saw him alive on 6/7/1942

Immediate cause of death Coronary Thrombosis — Duration 6/7/42
Due to Arteriosclerosis
Cardio-vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B Sykes
Address 2807 Harford Rd Date signed 6-8-42 M.D.

VS 3

F 92998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

F 92998 Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3426 E Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 E Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kellenberg.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Pauline Kellenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1862

8. AGE: Years 80 | Months 4 | Days 16 | If less than one day: 15 hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Labour

11. Industry or business

FATHER
12. Name Jacob Kellenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant George Kellenberg
(b) Address 3426 E Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/42 (month) (day) (year)
(c) Cemetery or crematory Edgewood
Location Baltimore Md

18 (a) Funeral director Wilbur Coe
(b) Address 1417 W Baltimore, Md.

19 JUN 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 6.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1942 to June 8 1942 and that I last saw him alive on June 7 1942.

Immediate cause of death: Exhaustion — Duration: 1 day
Due to: Arteriosclerosis and Chronic nephritis (indef.)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Campbell M. D.
Address 1644 Hanover St Date signed 6.8.42

VS 1

F 92999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 92999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 N. Milton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 N. Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion Crawford Adam

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George W. Adam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10. 1862

8. AGE: Years 80 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Matthew Fleming
13. Birthplace Scotland

MOTHER
14. Maiden Name Agnes Crawford
15. Birthplace Scotland

16 (a) Informant Jos. Adam
(b) Address 1431 N. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto., Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 FILED JUN 10 1942 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1942 at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22nd 1941. to June 8th 1942 and that I last saw h[illegible] alive on June 8th 1942

Immediate cause of death
Pulmonary Edema — Duration 4 days
Due to Chronic myocarditis — 2 years
Due to
Other Conditions arteriosclerosis — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature H. J. Dankin
Address 1000 N. Milton ave Date signed 6/10/42 M. D.

VS 8

F 93000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 93000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 - Woodyear St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 - N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Howard

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Edward Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Nancy Chisly
15. Birthplace Md.

16 (a) Informant Mrs. Catherine Frye
(b) Address 1611 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

(Date received) JUN 10 1942 (Registrar) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1942 to 6/8 1942 and that I last saw h alive on 1942

Immediate cause of death Acute Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burr Clyatt M. D.
Address 2139 Linden Ave Date signed

F 93001 1942 11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131 N

F 93001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 N. Bruce ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza E. Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Lawrence Waters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1885

8. AGE: Years	Months	Days	If less than one day
56	6	11	hr. min.

9. Birthplace Sweet Air, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Cesar Zuickly
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Cromwell
15. Birthplace Md.

16 (a) Informant Hilda Waters
(b) Address 614 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion, Long Green
Location Balto. Co. Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St Huntington Williams, Md.

19 (a) JUN 10 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death [redacted] Chronic arteriosclerotic Cardio-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fretwell M.D. Medical Examiner.
Date signed June 9, 1942

VS 6

F 93002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310a

F 93002 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 E. Baltimore St (If unnumbered give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Benjamin Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-4624

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Celia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Daniel Miller (Son)
(b) Address 1619 E. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)
(c) Cemetery or crematory Cem. Mt. Israel
Location Germantown Rd

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1454 E. Balto. St

19 (a) JUN 10 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9 1942 at 7:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to nature's death on the day stated above.

	Duration
Immediate cause of death: Acute Pulmonary Edema.	
Due to: Cardiovascular-Renal Disease.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Woolley M.D. Medical Examiner.
Date signed 6/10/42.

VS 4

MPR 73761

F 93003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93003 Registered No.

MARGIN RESERVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street and No. 1038 N. Eden St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Wilson Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0214

4. Sex M | 5. Color or race C | 6 (a) [redacted] widowed, or never married

6 (b) Name of husband or wife Ella Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1879

8. AGE: Years 62 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Hartwell Brown

FATHER 13. Birthplace North Carolina

MOTHER 14. Maiden Name Mary Ash

MOTHER 15. Birthplace North Carolina

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert E. Lynch

(b) Address 801 W. Cardeza St.

19 (a) JUN 10 1942 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to June 8 1942 and that I last saw him alive on June 8 1942

Immediate cause of death: Pulmonary tuberculosis — Duration 9 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun

Address Balto. City Hosp. Date signed 6-9-42 M. D.

VS 8

F 93004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √13 B

F 93004 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Novella White.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1925

8. AGE: Years 17 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Aurora N. C. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William White.
13. Birthplace N. C.

MOTHER
14. Maiden Name Lizzie White
15. Birthplace N. C.

16 (a) Informant Lizzie Johnson
(b) Address 1112 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director JUN 10 1942 Robert L. Crowder
(b) Address 884 N. Howard St. Baltimore, Md.

19 (a) JUN 10 1942 (b) Huntingtown Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 9 1942 and that I last saw h alive on June 9 1942

Immediate cause of death Acute Lobar Pneumonia — Duration June 7 1942

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy? No

over.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen
Address 121 Broadway St Date signed 6-10-42 M. D.

VS 3

F 93005

417194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93005

Registered No. 80a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 main ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Talmage Hill

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frances Hill

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 4-23-96

8. AGE: Years 46 | Months 1 | Days 17 16 | If less than one day: hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Arthur Hill
13. Birthplace md.

MOTHER
14. Maiden Name Catherine Storksdale
15. Birthplace md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 42 (month) (day) (year)
(c) Cemetery or crematory All Saints Cem.
Location Reisterstown md.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md

19 (a) [illegible] Huntington Williams, M.D.

JUN 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 9 1942 and that I last saw him alive on June 9 1942

Immediate cause of death: meningitis, aseptic — Duration 6 da.

Due to 2 tuberculosis multiple brain abscesses

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: mult. brain abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank R Hinkman Jr

Address J. Hopkins Hosp Date signed 6-9-42

93006

Quarantine #3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓183

F 93006
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in Harbor
(b) Street address — near pier 16.
(c) Hospital or institution: Lyn Lth.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNKNOWN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 9 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1942 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: drowning — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accident
(b) Date of occurrence May 1942 M
(c) Where did injury occur? Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? (Specify type of place)
(e) Means of injury drowning

23. Signature H. H. Williams M.D. Medical Examiner
Date signed 5-24-42

473

VS 6

F 93007-32406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

838

F 93007 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Av.,

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wesley Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1878

8. AGE: Years	Months	Days	If less than one day
64	3	3	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John

13. Birthplace Ky.

MOTHER

14. Maiden Name Sarah Parish

15. Birthplace Ky.

16 (a) Informant Hospital Records

(b) Address 4940 Eastern Av.,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUN 8 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 9- 1942 (b) Registrar

(Date rec'd by registrar)

9183

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1942, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1942, to 5/27 1942, and that I last saw him alive on 4/27 1942.

	Duration
Immediate cause of death Cerebral Thrombosis	15 Min.
Due to General e generalized Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H Goldberg M. D.

Address Baltimore City Hospitals Date signed 5/28/42

93008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. E 93008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 681 E. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAUD HILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 8 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 9- 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia Lobular

Due to Fracture of right femur

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 13 1941 at M
(c) Where did injury occur? Bell Air Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury slipped & fell in bathroom

23. Signature H. W. Williams M.D.
Medical Examiner

Date signed 3-18-42

VS 6

9155

105

F 93009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 18

F 93009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Weddigen (WEDDIGEN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Weddigen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APR. 15, 1858

8. AGE: Years: 84 | Months: 1 | Days: 24 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and State)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Theo. Weddingen (SR.)
13. Birthplace Germany.

MOTHER 14. Maiden Name Agusta Schwartz
15. Birthplace Germany.

16 (a) Informant Mrs. Annie Weddigen.
(b) Address 624 ~~Germany~~ W. 33 St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location

18 (a) Funeral director Lt. Vernon Lemmon
(b) Address 4611 Park Heights.

19 JUN 10 1942 (b) Huntington Williams, M.D. Address Mercy Hosp

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9 1942 at 2 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1942 to 6/9 1942 and that I last saw h[illegible] alive on 6/9 1942.

Immediate cause of death: Circulatory failure

Due to: abdominal carcinoma of prostate

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation Apr. 10, 1942

Major findings of operation: Adenocar. prostate

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Dreyer M. D.
Address Mercy Hosp Date signed 6/10/42

VS 8

F 93010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 93010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 15 N. Wolfe St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Ba Hinore (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Rathgaber — Francis T. Rathgaber

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie M.

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Nov 8 1882

8. AGE: Years: 59 | Months: 7 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Penn. (Town, county, and state)

10. Usual Occupation:

11. Industry or business: Retired

FATHER
12. Name: Joseph Rathgaber
13. Birthplace: Germany

MOTHER
14. Maiden Name: Regina Koebler
15. Birthplace: Germany

16 (a) Informant: Elsie M. Rathgaber
(b) Address: 15 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 12 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4300 Belair Rd

18 (a) Funeral director: Mark H. Dippel
(b) Address: S. Ann St

19 (a) JUN 10 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Graham M.D. (Medical Examiner)

Date signed June 9th 1942

F 93011 !

Z.S. (73664)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √30 F

Registered No. F 93011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) N.B.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1405 McCulloh St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Duncan (Birth F-49117)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1942

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roger, Duncan

13. Birthplace ?

MOTHER 14. Maiden Name Ellen

15. Birthplace ?

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5 - 27 - 42 (month) (day) (year)

(c) Cemetery or crematory Balto. City Hospitals

Location 4940 Eastern Avenue

18 (a) Funeral director

(b) Address

JUN 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1942, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1942, to 5/24 1942, and that I last saw h[illegible] alive on 5/24 1942.

Immediate cause of death Bacillary Dysentery — Duration

Due to

Due to

Other Conditions Congenital Syphilis (2) Atelectasis of Right Lung.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Diphtheritic Enteritis (2) Atelectasis of Lung

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H.H. Matthews

Address Balto City Hosp Date signed 6/1/42

F 93012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93012 Registered No. 1116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ? (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 W. 28 St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Chester A Sawyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Hogdward, S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Sawyer

13. Birthplace S.C.

MOTHER 14. Maiden Name Maggie Brown

15. Birthplace S.C.

16 (a) Informant Samuel Sawyer

(b) Address 1406 S. Clay St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6 10 42 (month) (day) (year)

(c) Cemetery or crematory Winnsboro S.C.

Location S.C.

18 (a) Funeral director Rayner Sanders

(b) Address 1462 E. Preston St.

19 JUN 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 4 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Pending microscopic investigation	
Due to (Ans)	
Due to For transcripts copy back	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Gratton M.D. Medical Examiner.

Date signed June 9 1942

VS 6

F 93013 HEALTH DEPARTMENT—CITY OF BALTIMORE F 93013

CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapketts Lane St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Schraudner. Q.D.

If U. S. Veteran specify WAR No.

(a) Residence: No. 2404-E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schraudner

6. DATE OF BIRTH (month, day, year) 6/5/1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocerman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph V. Peterson

(Address) 2404-E. Preston ST

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 6/10/37 19

19. UNDERTAKER George D. Ruth Inc

(Address) [illegible]

20. [illegible] Huntington Williams M.D.

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to June 9, 1937

I last saw him alive on June 9, 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pemphigus	7 yrs.
Cardiac Failure	June 9, 1937
Arteriosclerotic Heart Dis.	1935
Generalized Arteriosclerosis	1920

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Pass M. D.

(Address) 4001 W Franklin Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 9

93014
416 30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

Registered No. E 93014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 N. Pearl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellie Stahm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry Stahm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Roberts
13. Birthplace Va.

MOTHER
14. Maiden Name Affie Tankard
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 10 1942 (month) (day) (year)
(c) Cemetery or crematory Tankard's Point Cemetery
Location Hydes Md.

18 (a) Funeral director John E. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 JUN 10 1942 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to June 10 1942 and that I last saw her alive on June 10 1942

Immediate cause of death Heart FAILYAE
Associated with
Due to Carcinoma of rectum
Due to pneumonia, peritonitis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 5-16-42
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Hamilton, M.D.
Address J. H. H. Date signed 6/11/42

VS 8

F 93015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95b

Registered No. F 93015

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 Clifton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write RURAL and give town)
(d) Street No. 1825 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard J Yienger

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-5679

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
21	11	5		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Plumber Helper.

11. Industry or business —

FATHER
12. Name Joseph B Yienger
13. Birthplace Balt Md.

MOTHER
14. Maiden Name Jeanette Krummel
15. Birthplace Balt Co Md.

16 (a) Informant Joseph B Yienger
(b) Address 1825 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Sou Richy Highway

18 (a) Funeral director Harry H Hirtzler
(b) Address 1101 Edmondson Ave

19 (a) JUN 11 1942 (b) Washington Hill Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 19 42 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 19 42 to June 8, 19 42 and that I last saw h[illegible] alive on June 8 19 42.

Immediate cause of death	Duration
Myocardial Failure	1 week
Due to Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor D. Levy
Address 23 W Fenton Place Date signed 6/9/42

F 93016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 93016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 Haw Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elvira Otho

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-1487

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1900

8. AGE: Years	Months	Days	If less than one day
42	-	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business United American Metal Corp.

FATHER 12. Name Frank Otho.

FATHER 13. Birthplace Balto

MOTHER 14. Maiden Name Mary Stanley

MOTHER 15. Birthplace Easthampton

16 (a) Informant Mattie Otho

(b) Address 655 W. Conway.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 11 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemty

Location Balto.

18 (a) Funeral director Walter B. Jones

(b) Address 139 N. Hamley St.

19 (a) (b) Huntington Williams, M.D.

JUN 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1942, at 10 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Bronchial Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-6-42 at 10 P. M.
(c) Where did injury occur? Lot rear 762 Wash. Blvd.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Bullet

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 6-7-42

F 93017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or institution: Aged Women's & Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus H. Sharbarger

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1864

8. AGE: Years 78 | Months 0 | Days 27 | If less than one day: hr. min.

9. Birthplace Jarrettsville Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name William Sharbarger
13. Birthplace Md.

MOTHER
14. Maiden Name Cristian Cowell
15. Birthplace New York

16 (a) Informant Aged Women's & Mens Home
(b) Address 1400 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-42 (month) (day) (year)
(c) Cemetery or crematory Fawn Grove M.E. Cem.
Location Fawn Grove Pa

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) Filed JUN 11 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9. 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5/41 19 to 6/9/42 19, and that I last saw h im alive on 6/8/42 19

Immediate cause of death: Hypertensive cardio vascular disease. Emphysematous — Duration: 1 yr.
Due to bronchitis, chronic.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Edward B. Jarrell.
Address 1115 St. Paul St. Date signed 6/10/42

F 93018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. E 93018

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Fairfax Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Wheat

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: 215-01-4692

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ella Adelgunde
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar 3 1876

8. AGE: Years	Months	Days	If less than one day
66	3	6	hr. min.

9. Birthplace: Reisterstown, Md (Town, county, and state)
10. Usual Occupation: Auto Salesman
11. Industry or business

FATHER
12. Name: Frank L. Wheat
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden Name: Augusta Gadwin
15. Birthplace: Va.

16 (a) Informant: Francis A. Wheat
(b) Address: 3903 Fairfax Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 11 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: Wm. Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) JUN 11 1942 (Signature of local registrar) (b) Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-9- 1942, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard J. Malster M.D. Medical Examiner.
Date signed 6-10-42

F 93019 HEALTH DEPARTMENT—CITY OF BALTIMORE F 93019

CERTIFICATE OF DEATH

160a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Gillin

If U. S. Veteran specify WAR

(a) Residence: No. 2501 Calverton Heights Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Birth F 50850

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Francis Gillin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Muriel Kuhn

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. 6/11 19 42

19. UNDERTAKER Geo. A. Fogle

(Address) Sutton & Forsyth

20. JUN 11 1942 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 7, 19 42 to June 10, 19 42

I last saw him alive on June 10 19 42 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred F. Sowers M. D.

(Address) Bon Secours Hosp.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 93020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. F 93020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3405 Pinkney Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Pinkney Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Hamilton Gladmon

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Dodge Gladmon
6 (c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): Aug 9. 1879
8. AGE: Years: 62 Months: 10 Days: 1 If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Builder
11. Industry or business:

FATHER
12. Name: Theophilus H. Gladmon
13. Birthplace: Wash. D.C.

MOTHER
14. Maiden Name: Mary Flenner
15. Birthplace: Wash. D.C.

16 (a) Informant: Marie D. Gladmon
(b) Address: 3405 Pinkney Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 13 1942 (Month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: Mc Mus John H. Engelbrecht
(b) Address: 801 W. Lafayette St

JUN 11 1942 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 9 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1941 to June 10 1942 that I last saw h alive on June 8 1942.

Immediate cause of death: Cardiac Decompensation — Duration
Due to: Coronary Thrombosis
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel H Culver M. D.
Address 5611 Rumsey Rd Date signed

VS 3

F 93021 | BALTIMORE CITY HEALTH DEPARTMENT | F 93021

CERTIFICATE OF DEATH

93d Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 N. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write RURAL and name town)
(d) Street No. 1510 N. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Benjamin Fagan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Rudensky

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Tailor

11. Industry or business

FATHER 12. Name Hersh Fagan

13. Birthplace Russia

MOTHER 14. Maiden Name Bruna

15. Birthplace Russia

16 (a) Informant anna Fagan

(b) Address 1510 N. Eutaw St

17 Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Chizuk Amuy

Location Ridgedale

18 (a) Funeral director Jack Levine

(b) Address 1439 E Balto St

19 (a) JUN 11 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to June 10 1942 and that I last saw him alive on June 10 1942

Immediate cause of death

Ac. Heart failure — Duration 24 hrs

Due to Cardio-vascular

Due to arteriosclerosis — Duration 2yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ida J Boyhan

Address 2040 Eutaw Date signed 6/12/42

VS 2

F 93022 | BALTIMORE CITY HEALTH DEPARTMENT ✓ F 93022 !

CERTIFICATE OF DEATH

107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Monroe
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Monroe St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Johnson ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	b	Married

6 (b) Name of husband or wife Lucy Johnson
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 12/1/1865

8. AGE: Years	Months	Days	If less than one day
76	6	7	hr. min.

9. Birthplace Lexington, Va (Town, county, and state)
10. Usual Occupation Hod Carrier
11. Industry or business General

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Lena Hines
(b) Address 904 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 12 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Francis A Hemler
(b) Address 478 W Baltimore St

19 (a) Huntington Williams, M.D. Registrar

JUN 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/42 19 42 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8/42 to 6/9/42
and that I last saw ... alive on 6/8/42

Immediate cause of death: Bronchopneumonia
Due to Senility

Due to

Other Conditions Syphilis Arteriosclerosis

Duration: 3 days

Date of operation (If operation within 3 months of death)
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address 478 W Balto St, Date signed 6/10/42

F 93023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93e F 93023 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 598 W. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 598 W Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgeanna Cockey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Richard Cockey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 - 1877

8. AGE: Years	Months	Days	If less than one day
64 65	11	-	hr. min.

9. Birthplace Montgomery Co. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Loretta Johnson
15. Birthplace Unknown

16 (a) Informant Clarence Cockey
(b) Address 598 Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director J. L. Preston Sons
(b) Address 579 Monroe St.

19 JUN 11 1942 (b) Huntington Williams M.D.
(Date rec'd) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 10 1942 and that I last saw h[illegible] alive on June 10 1942.

Immediate cause of death Myocarditis — Duration 6 months

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 794 Bond St Date signed June 11, 42

VS 2

F 93024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93024 1
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 246 Pearl Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 246 Pearl Street (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Rinaudo

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Fransesco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68	?	?	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Fertitta
13. Birthplace Italy

MOTHER
14. Maiden Name ? Fertitta
15. Birthplace Italy

16 (a) Informant Vincent A. Catuogiani
(b) Address 220 N. Greene Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Joseph Fonaca, Inc.
(b) Address 20 E. Fremont Ave

19 (a) JUN 11 1942 (Date rec'd by registrar) (b)

Registrar

VS 2

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to June 10 1942 and that I last saw h alive on June 9, 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	24 hrs.
Due to Cardiac Hypertrophy + Dilatation	3 yrs.
Due to Arteriosclerotic Heart Disease	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ba Tompsett. M. D.
Address Frederick Rd + Ridgely Date signed 6/11/42

F 93025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

F 93025 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Boyd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Boyd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret O. Farrell
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 12, 1870

8. AGE: Years	Months	Days	If less than one day
72	2	29	hr. min.

9. Birthplace Detroit, Michigan (Town, county and state)
10. Usual Occupation Roofer
11. Industry or business

FATHER
12. Name Thomas H. Wilson
13. Birthplace Detroit, Mich

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Margaret Wilson
(b) Address 1010 Boyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Ave.

18 (a) Funeral director John J. Leonard & Son
(b) Address 906 Fallsway St.

19 (a) JUN 11 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to June 10 1942 and that I last saw him alive on May 30 1942.

Immediate cause of death: Carcinoma of Prostate — Duration 18 Mos.
Due to: Hypertension — Duration ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rawlins Funkhouser M. D.
Address 910 W Lanvale St. Date signed 6-10-42

F 93026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

F 93026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 N Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 2310 Guilford Ave.

3 (a) FULL NAME Arthur W. Tilghman

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret E. Tilghman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/7/42 1869

8. AGE: Years	Months	Days	If less than one day
72	9	2	hr. min.

9. Birthplace Cincinnatti, Ohio (Town, county, and state)
10. Usual Occupation Post Office Employee
11. Industry or business

FATHER
12. Name John H. Tilghman
13. Birthplace Md.

MOTHER
14. Maiden Name Martha E. Judd
15. Birthplace Md.

16 (a) Informant Mrs. Edna Tilghman Eckley
(b) Address Springboro Rd., Dayton, Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Pa. Aves., Balto., Md.

JUN 11 1942

19 (a) Huntington, West Virginia (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1942, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942, to June 9 1942, and that I last saw h. alive on June 9 1942.

Immediate cause of death Peripheral Vas. Collapse

Due to Peritonitis

Due to Perforat. of Sigmoid Flexure Ca, c Metastasis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 8 1942
Major findings of operation: Ca of Sigmoid Flexure c Mets. Liver
of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. P. Sullivan M. D.
Address Sinai Hospital Date signed 6/10/42

VE 8

F 93027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 93027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3401 Fairview Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3401 Fairview Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Fannie E. Hopkins

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: Harry J. Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1857

8. AGE: Years	Months	Days	If less than one day
84	10	25	hr. min.

9. Birthplace Long Branch, N. J. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Thomas G. Chattle

13. Birthplace N. J.

MOTHER

14. Maiden Name Emma King

15. Birthplace Morristown, N. J.

16 (a) Informant Mr. Henry Powell Hopkins, son

(b) Address 10 E. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)

(c) Cemetery or crematory Springhill Cemetery

Location Easton, Talbott Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUN 11 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 1940, to June 10 1942 and that I last saw her alive on June 10 1942

Immediate cause of death Myocardial Failure — Duration 4 days

Due to arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. W. Harper M. D.

Address 5701 Harper Ave Date signed 6/10/42

F 93028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 N. Broadway (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME JAMES EDWARD LEE

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Nona Irene England
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Toolmaker
11. Industry or business Edgewood Arsenal

FATHER
12. Name James Edward Lee-deceased
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Clark-deceased
15. Birthplace Baltimore

16 (a) Informant Mrs. Nona I. Lee (Wife)
(b) Address 1633 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June. 11. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

JUN 11 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942 at 4.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942, to June 7 1942, and that I last saw he alive on June 6 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	25 hrs
Bronchs Pneumonia	1 day
Due to Arteriosclerosis	14 d.
Hypertension	14 y.
Due to	
Other Conditions Chr Interstitial Nephritis	14 y.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 6.8.42

F 93029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 F 93029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Gary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-24

8. AGE: Years 18 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Greenville S.C. (Town, county, and state)

10. Usual Occupation Helper in furniture store

11. Industry or business 51 Court St.

FATHER
12. Name Jessie Gary Sr.
13. Birthplace Newbury S.C.

MOTHER
14. Maiden Name Freddie May Beasley
15. Birthplace Laurence S.C.

16 (a) Informant Freddie Mae Gary
(b) Address 602 - E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Calvary
Location Cedar Hill Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave Huntingdon Williamsport, Md.

19 (Signature of registrar) JUN 11 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942, at 3 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Bullet wound of abdomen — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 8 1942 at M
(c) Where did injury occur? 602 E. Madison St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet wound

23. Signature Roland Lee Frates Medical Examiner. M.D.

Date signed June 8 1942

F 93030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 93030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma May Magill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Walter Magill

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec-14-1876

8. AGE: Years 65 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Lloyd Raley
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Martha Matilda Mattingly
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Mrs Charles Hurd - Daughter
(b) Address 1104 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd - Balto Md.

18 (a) Funeral director John E Miller Inc
(b) Address 2435 E Oliver St

19 JUN 11 1942 (Date received by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1942, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1942 to 6/10 1942, and that I last saw h.er alive on 6/10 1942.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Acute Cerebral Hemorrhage	7 Hrs
Due to: Hypertensive Cardio Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Langahor M.D.

Address St Joseph's Hospital Date signed 6/10/42

F 93031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

740 Registered No. F 93031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Harmon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Harmon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Anna Cox

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Francis T Cox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-1921

8. AGE: Years	Months	Days	If less than one day
20	9 6	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John A Regan
13. Birthplace Baltimore

MOTHER
14. Maiden Name Martha E Eckart
15. Birthplace Baltimore

16 (a) Informant Francis T Cox
(b) Address Indian Head Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 / 4 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Edw Toulson
(b) Address 2359 Ware Ave

19 (a) JUN 12 1942 (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 7:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1942 to June 10 1942 and that I last saw h[illegible] alive on June 9 1942

Immediate cause of death: Acute Leukemia (myelogenous) — Duration: 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens ave Date signed 6/12/42

VS 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

793032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 793032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Church Home & Infirmary (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Harpold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1856

8. AGE: Years	Months	Days	If less than one day
85	11	3	hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Harpold
13. Birthplace West Virginia

MOTHER
14. Maiden Name Margarette Lowthers
15. Birthplace West Virginia

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Harry D. Metzgar & Sons
(b) Address 1900 Eastern Ave.

JUN 12 1942 registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/42 19 . at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29/38 19 to 6/11/42 19 , and that I last saw h alive on 6/10/42 19 .

Immediate cause of death Bronchopneumonia

Due to Cerebral arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 da

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. L. Ramsburg, M. D. M. D.
Address Church Home & Inf. Date signed 6/13/42

F 93033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 F 93033

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Annex (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Register Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irene Elizabeth Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/7/1938

8. AGE: Years 4 | Months | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Mr LeRoy Miller
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Cora C. Brookhart
15. Birthplace Baltimore

16 (a) Informant Mr. LeRoy M. Miller
(b) Address 635 Register Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Frederick Rd., Balto., Md.

19 (a) JUN 11 1942 (b) Huntington Mill[illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/42 19 , at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1942 to 6/10 1942 and that I last saw h[illegible] alive on 6/10 1942

Immediate cause of death [redacted] Acute Appendicitis — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/10/42

Major findings of operation: Acute Appendicitis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. O'Conahan M. D.
Address 1946 W. Balto St. Date signed 6/11/42

F 93034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 F 93034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Clifton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Clifton Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Clark

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Hiram Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1861

8. AGE: Years	Months	Days	If less than one day
81	1	2	hr. min.

9. Birthplace Natural Bridge, N. Y. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Caldwell
13. Birthplace New York

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Judson C. Loomis
(b) Address 4307 Clifton Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 11, 1942. (month) (day) (year)
(c) Cemetery or crematory
Location Carthage, N. Y.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) (Date received by local registrar) (b) JUN 11 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to June 10 1942 and that I last saw her alive on June 9 1942.

Immediate cause of death Cerebral hemorrhage + paralysis — Duration 2 days
Due to Hypertension
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold Tickner M. D.
Address 2220 Harrison Date signed June 11 1942

F 93035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hyman Park Drive and 31st St.
(c) Hospital or institution:
U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey County
(b) City or town Ocean City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Atlantic Avenue
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME WARRINGTON HAND HARRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	25	hr. min.

9. Birthplace Port Norris, New Jersey
(Town, county, and state)
10. Usual Occupation Steward
11. Industry or business

FATHER
12. Name Charles B. Harris
13. Birthplace Port Norris, New Jersey

MOTHER
14. Maiden Name Althea Robbins
15. Birthplace Port Norris, New Jersey

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Seaside
Location Palermo, N. J.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) JUN 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH June 11, 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1942, to June 11, 1942, and that I last saw him alive on June 11, 1942.

Immediate cause of death	Duration
Coronary thrombosis, acute	12 hrs.
Due to Hemiplegia, left.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Altmann M. D.
Address U.S. Marine Hospital Date signed 6/11/42
Baltimore, Md.

VS 3

F 93036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93036 Registered No. 1842

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 122 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Bunch (Bartsch)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-6679

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1872

8. AGE: Years	Months	Days	If less than one day
69 72	6	19	hr. min.

9. Birthplace Danzig Germany (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Fritz
13. Birthplace

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant Welfare
(b) Address St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Balto. County

18 (a) Funeral director John M Welsh
(b) Address 409 S. Chester St

19 JUN 11 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1942 at 6:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to Fall

Due to

Other Conditions Echinococcus cyst of L liver (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 30, 1942 at 4:30 P M
(c) Where did injury occur? 122 Market Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed June 1st 1942

93037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93037 Registered No. 1258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Stirling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Stirling St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. Davis Jr.

3 (b) If veteran, name war: I
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Martha Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	1	3		

9. Birthplace A. A. co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph N. Davis Sr.
13. Birthplace A. A. co. Md

MOTHER
14. Maiden Name Mary
15. Birthplace A. A. co. Md.

16 (a) Informant Mary E. Hall
(b) Address 607 Stirling St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County

18 (a) Funeral director Bruno Manis Funeral Home
(b) Address 224 Gay St.

19 JUN 11 1942 (Date rec'd by registrar) (b) Huntingtown Williams MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1942 to 6-9 1942 and that I last saw h alive on 6-9-1942

Immediate cause of death Acute Myocarditis with Hepatitis — Duration 45 dys
Due to Jaundice — 60 dys
Due to Obstructed Portal
Other Conditions Circulation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1327 N. Charles (Date signed) 6-11-42

93038 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

F 93038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) Over 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) Over 10 yrs. 2 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th St (Home for Incurables) (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Grace Evelyn Bouldin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1873

8. AGE: Years	Months	Days	If less than one day
68	10	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Augustus Bouldin
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Virginia Allen
15. Birthplace Baltimore

16 (a) Informant Home for Incurables Records
(b) Address 700 W. 40th St. Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Henry W. Meyer & Son
(b) Address 805 N. Calvert St

19 JUN 11 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10. 1942 19 , at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1942 to June 10 1942 and that I last saw h[illegible] alive on June 10 1942

Immediate cause of death	Duration
Coronary Thrombosis	7 days
Due to Hypertension and Arteriosclerotic Heart Disease	10 years
Due to	
Other Conditions Arthritis Spine	5 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Cullen 6/11/42 M. D.
Address 11 E. Chase St. Date signed 6/11/42

VS 8

93039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1307

F 93039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Liberty Heights Ave.
(c) Hospital or institution: Alberta Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 159 2214 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J. Cavanaugh

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucy Cavanaugh
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 7, 1881

8. AGE: Years	Months	Days	If less than one day
60	8	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B & O RR Boiler Maker

FATHER
12. Name Michael Cavanaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Clancy
15. Birthplace Ireland

16 (a) Informant Mrs. Lucy Cavanaugh
(b) Address 2214 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13,1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillips Lamoreaux
(b) Address 1003 W. Baltimore St.

19 (Date received) JUN 11 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 42 to 6/10 19 42 and that I last saw him alive on 6/9 19 42.

Immediate cause of death Embolism to Lung
Trauma.
Due to Fractured Femur
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Immediate
5 Days
10 Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas V. Bonello M. D.
Address 4215 Frederick Ave. Date signed

VS 3

93040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E. Bourne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James B. Bourne
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) October 5, 1876

8. AGE: Years	Months	Days	If less than one day
65	8	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Columbus Ripple
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillian E. Roach
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Earnest LeRoy Bourne
(b) Address 4302 Garrison Blvd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Willis Lamotte
(b) Address 1005 W. Baltimore St.

19 (a) JUN 11 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1942, at 11.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1942 to 6/9 1942 and that I last saw her alive on 6/9 1942

Immediate cause of death Paralysis, Rt. side — Duration 2 days,

Due to Thrombosis — 2 days

Due to Uncomplicated Hernia — 6 mo.

Other Conditions — over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. [illegible] M.D.

Address 2020 N. Charles St Date signed 6/10/42

93041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 224

Registered No. F 93041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen A. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1913

8. AGE: Years	Months	Days	If less than one day
29	10	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER 12. Name John Cook.
13. Birthplace Va.

MOTHER 14. Maiden Name Laura Charles
15. Birthplace Va.

16 (a) Informant John Cook.
(b) Address 534 N. Stricker St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-13-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 JUN 12 1942 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1942 to 6/10 1942, and that I last saw him alive on 6/9 1942.

Immediate cause of death Acute Miliary T. B. — Duration 5/4/42 (3)

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin B. Le Compte M.D.
Address 1113 N Caroline Date signed 6/11/42

VS 1

F 93042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Genl Hosp. 2341
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Plum Alley. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Barbe
13. Birthplace Md

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant Beula Young
(b) Address Lambdin Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) (con)
(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Thomas Frazier
(b) Address 389 Rhode Island Ave. N.W. Wash. D.C.

19 JUN 12 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 9:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Cr Grafton M.D.
Medical Examiner.
Date signed June 11 1942

VS 6

F 93043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 93043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Elsinor Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Elsinor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ann Dewling

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Andrew J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5 1855

8. AGE: Years	Months	Days	If less than one day
83	6	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name George Graves
13. Birthplace Md

MOTHER
14. Maiden Name Amanda McIntire
15. Birthplace Md

16 (a) Informant Miss Anna E. M. Dewling
(b) Address 2202 Elsinore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Franklintown Md

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 JUN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1938 to June 9 1942, and that I last saw h alive on June 9 1942

Immediate cause of death	Duration
Myocarditis	4 years
Due to	
Due to	
Other Conditions Arteriosclerosis	4 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
Address 3200 W. North Ave Date signed 6/11/42

VS 3

93044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164c

Registered No. F 93044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-6-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65-75 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 11 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 12 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of right temple.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence June 14 1942 at 8:15 A.M.
(c) Where did injury occur? Druid Hill Park
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoors While at work? No
(Specify type of place)
(e) Means of injury Self inflicted

23. Signature Howard R. Maulsby M.D.
Medical Examiner.
Date signed 6-8-42

VS 6

9160

93045
416896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 93045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Cheltonham (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby (Ojetta) Smith (Birth 5/19/01)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harold Smith
13. Birthplace

MOTHER
14. Maiden Name Ojetta Gilliam
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Pinelawn
Location Jurisdiction Baltimore JUN 11 1942
18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1942 at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 3 1942 and that I last saw her alive on June 3 1942

Immediate cause of death Peritonitis — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-2-42

Major findings of operation: Peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollack
Address J.H.H. Date signed 6-4-42 D.

VS 2

9159

93046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 93046 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Harford Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Blanton Hill (Birth F 51194)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1942

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Johns Hopkins Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Hill
13. Birthplace — Virginia

MOTHER
14. Maiden Name Lucille Wilson
15. Birthplace Baltimore, Maryland

16 (a) Informant Lucille Hill
(b) Address 1040 Harford Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 11 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 12 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1942 at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 5 1942. and that I last saw her alive on June 5 1942.

Immediate cause of death prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Carlson M. D.
Address Johns Hopkins Hospital Date signed June 6, 1942

9161

F 93047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 C

F 93047 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 N. Bruce St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 or 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1411 Bruce Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Dumpson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife James Dumpson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1873

8. AGE: Years	Months	Days	If less than one day
68	6	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace ..

MOTHER 14. Maiden Name Unknown

15. Birthplace ..

16 (a) Informant James Dumpson

(b) Address 1411 Bruce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Leo G. Kelly

(b) Address Pittsburgh, Pa.

19 (a) JUN 12 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-42 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Natural death on the day stated above.

Immediate cause of death Cardiac Failure

Due to Chronic Cardiac Valvular Disease (Mitral)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/10/42.

VS 6

417305 93048 BALTIMORE CITY HEALTH DEPARTMENT F 93048
CERTIFICATE OF DEATH 8 1a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Spencer Quarles. (Birth F-46599)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-42

8. AGE: Years	Months	Days	If less than one day
	2	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name William Quarles
13. Birthplace Fla.

MOTHER 14. Maiden Name Ethel Stokes
15. Birthplace Fla.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md. Geo. B. Kelso
18 (a) Funeral director
(b) Address 1303 Pressman St
19 (a) JUN 12 1942 (Date received by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to June 10 1942 and that I last saw him alive on June 10 1942.

Immediate cause of death	Duration
(a) Pneumonia (Pneumococcus VIII)	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. P. Black
Address J. H. H. Date signed 6-10-42 M.D.

VS 3

F 93049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 W

F 93049 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 Stockton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1230 Stockton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter J. Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	1	hr. min.

9. Birthplace Va (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Bailey

13. Birthplace Va.

MOTHER 14. Maiden Name Polly Smith

15. Birthplace Va.

16 (a) Informant James Knock

(b) Address 1230 Stockton Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Meyer S. Nelson

(b) Address 1303 Pennsylvania Ave

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1942, at 1.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 6-10-42

VS 6

F 93050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

F 93050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully adjusted, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Ruskin ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Ruskin ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Nolan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6. 1864

8. AGE: Years 78 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charley McShad
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Louise Kasang
15. Birthplace Europe

16 (a) Informant Mrs Florence Frank
(b) Address 2306 Ruskin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

JUN 12 1942

(b) Filed by (Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 5:08 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 10 1942, and that I last saw h[illegible] alive on June 9, 1942.

Immediate cause of death

Cerebral Thrombosis — Duration: Several days

Due to

Arteriosclerosis — Duration: years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Hughston M. D.
Address 888 W. Lombard St Date signed 6-11-42

F 93051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 93051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Boone St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Boone St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine D. Weller.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7436

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18-1871

8. AGE: Years 70 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace York Penna. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Nat-Amsterdam Cas. Co.

FATHER 12. Name Henry Weller.
13. Birthplace Europe.

MOTHER 14. Maiden Name Mary Volker.
15. Birthplace Europe.

16 (a) Informant Mrs. Henry V. W
(b) Address 2010 Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director Francis Cook Byrne
Address 1600 N. North Ave.

19 (a) JUN 12 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942; at 2-50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to June 10 1942 and that I last saw h alive on June 10 1942

Immediate cause of death: Acute cardiac decompensation

Due to: Pneumonia —

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration
1 week
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob J. Sonjer M. D.
Address 506 E. North Ave Date signed 6-11-42

VS 3

F 93052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 93052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Ellamont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Ellamont (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Pauline Wagner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick J. Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1855

8. AGE: Years	Months	Days	If less than one day
86	9	1	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

MOTHER / FATHER
12. Name August F. Gross
13. Birthplace Germany
14. Maiden Name Christina J. Froeschner
15. Birthplace Germany

16 (a) Informant Miss Anna Wagner
(b) Address 1803 Ellamont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1942 (month) (day) (year)
(c) Cemetery or crematory Loreame
Location Baltimore Md

18 (a) Funeral director Mamie Cook Eyler
(b) Address 1600 W. North Ave
19 JUN 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to June 9 1942 and that I last saw h[illegible] alive on June 6 1942

Duration 1 mo

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to: Chronic Myocarditis years

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Harry C. Stronk M.D.
Address 1925 Mount Ave Date signed June 11 1942

VS 2

F 93053 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93053 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N Gay
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Polston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife James Polston
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 18 84

8. AGE: Years	Months	Days	If less than one day
57	3	—	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Leonard Reed
13. Birthplace Balto Md

MOTHER
14. Maiden Name Henriette Banks
15. Birthplace Balto Md

16 (a) Informant Florence Close (Daughter)
(b) Address 822 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1942 (month) (day) (year)
(c) Cemetery or crematory Int Calvary Cemetery
Location Balto Md

18 (a) Funeral director Robert F Welch
(b) Address 1515 McElderry St

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 9 1942 and that I last saw him alive on June 8 1942

Immediate cause of death Coronary Occlusion — Duration June 8 1942

Due to

Due to

Other Conditions Mitral Regurgitation Nephritis and Arthritis Deformans (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R J Young
Address 424 E Monument Date signed 6/11/42 M. D.

VS 3

F 93054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

E 93054

Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 W Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. ~~Fanny~~ MAY B. Streett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Lawrence Streett
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 4 1873

8. AGE: Years	Months	Days	If less than one day
69	1	10	— hr. — min.

9. Birthplace Riderwood, Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Burns
13. Birthplace Md.

MOTHER
14. Maiden Name Temperance Coale
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address Md. Gen. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Maryland

19 JUN 12 1942 (Date rec'd by reg.) (Signature) Wilmer Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1942 to 6/11 1942, and that I last saw h[illegible] alive on 6/11 1942.

Immediate cause of death: Bronchopneumonia

Due to

Due to

Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longcope, M. D.
Address Md. Gen. Hosp. Date signed 6/11/42

F 93055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93055 Registered No.

PRINT IN WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4004 Idaho Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Idaho Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME SARAH DEED

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11-1862

8. AGE: Years	Months	Days	If less than one day
79	8	1	hr. min.

9. Birthplace Aldred, England (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business None

FATHER
12. Name Wm Dees
13. Birthplace England

MOTHER
14. Maiden Name Eliz. Dees Foreman
15. Birthplace England

16 (a) Informant Edw. Keene
(b) Address 4104 Idaho Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 (month) (day) 42 (year)
(c) Cemetery or crematory Mt. Albion Cem
Location Albion New York

18 (a) Funeral director Joseph H. Deal & Son
(b) Address 3409 Eastern Ave

19 (a) [illegible] (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942, at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1942 to June 5 1942 and that I last saw h[illegible] alive on June 8 1942

Immediate cause of death: Chronic Cardio Vascular disease — Duration 3 yrs

Due to

Due to

Other Conditions Ventral hernia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest W. Lahm

Address 1735 Pennsylvania Ave Date signed June 16 1942

VS 8

F 93056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93056 Registered No.

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 120 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1901

8. AGE: Years	Months	Days	If less than one day
41 +	3	5	hr. min.

9. Birthplace Warrington Va (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Samuel Jennings
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Va.

16 (a) Informant Sarah Towson
(b) Address 120 North Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) 1600 Brant Ave

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Millington, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1942 at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions Acute Congestion of Lungs & Liver	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-10-42

VS 4

F 93057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 F 93057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Chase
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-01-1568

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 17 - 00

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	3	22		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Warehouse

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Frances Jerner
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 E Grant St

19 (a) JUN 12 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to June 9 1942 and that I last saw him alive on June 9 1942

Immediate cause of death	Duration
[illegible]	[illegible]
Due to Subarachnoid hemorrhage	10 hrs.
Due to Hypertension	? yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert C. Austrian
Address Johns Hopkins Hosp Date signed 6/13/42

93058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d

F 93058 Registered No.

Every item of information should be carefully supplied, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1412 Eutaw Place

(c) Hospital or institution: Florence Nightengale Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 518 Tunbridge Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME A lbert Mays

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Sarah A . Mays

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 19,1871

8. AGE: Years	Months	Days	If less than one day
70	7	20	hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER 12. Name Robert H. Mays

13. Birthplace Baltimore County, Md.

MOTHER 14. Maiden Name Carrie A . Thompson

15. Birthplace Baltimore County, Md.

16 (a) Informant Grace Mays

(b) Address East Hamilton A ve. & 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12,1942 (month) (day) (year)

(c) Cemetery or crematory Weisburg

Location Baltimore County, Md.

18 (a) Funeral director E. Leroy Stiffler, Inc.

(b) Address 125 E. North A venue

19 JUN 12 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9 1942, at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to June 9 1942, and that I last saw H alive on June 13 1942.

Immediate cause of death: Valvular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. H. Tuttleman M. D.

Address 7324 Reisterstown Rd Date signed 6/11/42

F 93059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 93059

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 George Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME French (Frank) M. Turner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-6-1909

8. AGE: Years	Months	Days	If less than one day
33	-	-	hr. min.

9. Birthplace Harrisonburg, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George W. Turner
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Brown
15. Birthplace Va.

16 (a) Informant Lucio Viola Talley
(b) Address 1811 Rugg Pl. Wash. D.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-42 (month) (day) (year)
(c) Cemetery or crematory Staunton
Location Virginia

18 (a) Funeral director Adolphus Hall
(b) Address 9 & Dan Streets

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1942, at 2.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ruptured Aortic Aneurysm — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 6-10-42

VS 6

Over

MFR 93060 | 74518 2 | BALTIMORE CITY HEALTH DEPARTMENT | F 93060 Registered No.

CERTIFICATE OF DEATH

124c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~ married, ~~widowed divorced~~

6 (b) Name of husband or wife Henry Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1900

8. AGE: Years 41 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Mitchell
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Spangerberg (d)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry H. Kuhlke
(b) ~~Address~~ 4th & Edmondson Ave.

19 (a) JUN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-42 19 at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8-42 19 to 6-10-42 19, and that I last saw h alive on 6-10 19 42.

Immediate cause of death: Cirhosis of liver
Due to: Alcohol ??
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Sm

Duration: 2

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 6-11-42

VS 2

F 93061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche B. Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clinton L. Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/8/1890

8. AGE: Years 52 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Fairmount, W. Va. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business Own Home

FATHER
12. Name Lee L. Malone
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lydia L. Summers
15. Birthplace W. Va.

16 (a) Informant Clinton L. Gray
(b) Address 2800 Garrison Blvd.

17 (a) Burial Interment (or removal) (b) Date thereof June 11 1942 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location Woodlawn, Md.

18 (a) Funeral director Harry A. Little
(b) Address 4101 E. Monument Ave.

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1942 to 6-10 1942 and that I last saw h[illegible] alive on 6-10 1942.

Immediate cause of death: Hemiplegia (Interstitial)
Due to
Due to Sclerosis Cerebral.
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Warner M. D.
Address 2404 Garrison Blvd Date signed 6-10-42

VS 3

F 93062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93062 Registered No. 195E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Race St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT IRA, HATFIELD

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1687

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Marie Joan Hatfield (nee Smolka) 6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1915

8. AGE: Years	Months	Days	If less than one day
26	8	11	hr. min.

9. Birthplace Fairmont, W. Va. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Md. Drydock Co.

FATHER 12. Name Jack Valatine Hatfield
13. Birthplace W. Va.

MOTHER 14. Maiden Name Grace Corder
15. Birthplace W. Va.

16 (a) Informant Mrs. Marie Joan Hatfield (wife)
(b) Address 1603 Race St. Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Park
Location 9 & 9 Co., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1760 N. Charles St.

19 (a) JUN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 10, 1942 at 4:45 P.M.
(c) Where did injury occur? Maryland Maryland (City or town) (County) (State) Sanford.
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury struck by falling wood

23. Signature H. L. Williams M.D.
Asst Medical Examiner.
Date signed 6-11-42

VS 6

Please write PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e F 93063

Registered No.

Every item of information should be carefully supplied. Type or write PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1204 N 42 St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1204 N 42 St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country —

3 (a) FULL NAME James R Phillips

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-7033

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1874

8. AGE: Years 67 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Penna. R. R.

FATHER 12. Name Wesley Phillips

13. Birthplace unknown

MOTHER 14. Maiden name Harriet Harper

15. Birthplace unknown

16 (a) Informant Blanche A Phillips

(b) Address 1204 N 42 St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-42 (month) (day) (year)

(c) Cemetery or crematory Foster G. Hereford Balto Co Md

18 (a) Funeral director Frank H Seitz

(b) Address 1406 N 36 St.

19 (a) JUN 12 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1942 at 11.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1942 to 6/10 1942 and that I last saw him alive on 6/10 1942.

Immediate cause of death Carcinoma of colon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 1942

Major findings of operation: Carcinoma

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bethany D Fink

Address 724 W. North Ave Date signed 6/11/42

VS 2

MER F 93064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153 Registered No. F 93064

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 14 13
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Falls Lane, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) ~~Single, Married, Widowed, Divorced.~~ Separated

6 (b) Name of husband or wife Rosena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1911

8. AGE: Years 30 | Months 7 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Tyler
13. Birthplace ?

MOTHER 14. Maiden Name Gertrude Cook
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42 (month) (day) (year)
(c) Cemetery or crematory Mem Lyberty
Location Alpha Md

18 (a) Funeral director Elmer Neyfoth Jr
(b) Address Ellicott City Md

19 JUN 12 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1942 at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941 to 6-11 1942 and that I last saw ~~him~~ her alive on 6-11 1942

Immediate cause of death Pemphigus — Duration 1½ yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy: Case above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-12-42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

M. F. R. 1289-a

98065

F 93065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3054 Stafford St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. life mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Mr. William H. Eberle

(a) Residence: No. 3054 Stafford St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Heinrich Eberle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretha Kindl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Walter Snipes

(Address) 3054 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 13, 1942

19. UNDERTAKER William C. Dove

(Address) 2174 E. Pratt St

20. FILED JUN 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1942 to June 9, 1942

I last saw him alive on June 9, 1942 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	
due to	
Carcinoma of Larynx	July 1941 ?

Other contributory causes of importance:

Name of operation Deep X-Ray Therapy Date of July 1941

What test confirmed diagnosis? biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Callyon M. D.

(Address) 3321 Frederick Ave

V. S. 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176 F 93066

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (~~year~~ days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 N. Monroe St.
(e) Citizen of foreign country? (If rural give location) No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Rynehardt

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-01-4250

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife Mrs. Ida Robinson (Sister)
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1864

8. AGE: Years	Months	Days	If less than one day
77	7 4	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name William H. Rynehart
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Dillon
15. Birthplace Unknown

16 (a) Informant Ida Robinson
(b) Address 721 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1317 E. Fayette St

19 (a) JUN 12 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to June 10 1942 and that I last saw deceased alive on June 10 1942

Immediate cause of death: Hemorrhage from ulcer of duodenum

Due to: Duration: Days

Due to: Secondary Carcinoma Cerebra

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ulcer of duodenum

PHYSICIAN
Underline the cause to which death should be charged optionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 6/11/42

VS 2

93067 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 836 East Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 836 E. Preston St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN VOEGELEIN

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Nellie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 5, 1867
8. AGE: Years 74 | Months 6 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Iron Molder
11. Industry or business Retired

FATHER
12. Name Christopher Voegelein
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Arnold
15. Birthplace Germany

16 (a) Informant Mrs. William B. Voegelein
(b) Address 836 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location ~~Baltimore~~ Baltimore, Md.

18 (a) Funeral director William Cook, Dec.
(b) Address 1317 St. Paul St.

19 (Date rec'd by registrar) JUN 12 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 1 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1937 to June 11 1942 and that I last saw him alive on June 11 1942.

Immediate cause of death: Coronary disease — Duration 7 Mos.
Due to: arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silberfein M.D.
Address 714 E. Preston Date signed 6/11/42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No.

F 93068

Every item of information should be carefully supplied. It is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Un Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town W Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 N Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country England

3 (a) FULL NAME Miss Mabel Woolland

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1893

8. AGE: Years	Months	Days	If less than one day
48	8	11/12	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Albert Woolland
13. Birthplace England

MOTHER
14. Maiden Name Annie C Woolard
15. Birthplace England

16 (a) Informant Miss Shiard
(b) Address Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Williams & Dore
(b) Address 1219 E Pratt St

19 JUN 12 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1942 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to June 11 1942, and that I last saw her alive on 6-11 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Sepsis	
Due to multiple abdominal abscess	2-3 wks
Other Conditions following operation on Gallbladder & Cholecystostomy 3 days (Include pregnancy within 3 months of death)	

Date of operation 5-12-42
Major findings of operation: chronic infection + gallbladder + multiple abscesses of abdomen
of autopsy: (a) [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo. L. Kroncamo M.D.
Address Union Mem. Hosp Date signed 6/11/42

VS 8

F 93069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 93069 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 E. Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances M. House

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James H House

6 (c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): June 13, 1864

8. AGE: Years: 77 | Months: 11 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Washington D. C. (Town, county, and state)

10. Usual Occupation: Nurse - info

11. Industry or business

FATHER
12. Name: James Barriere
13. Birthplace: France

MOTHER
14. Maiden Name: Unknown Johnson
15. Birthplace: Unknown

16 (a) Informant: Bernard House
(b) Address: 13 E. Montgomery Ave

17 (a) Entombment (Burial, cremation, or removal) Date thereof: 6/13/42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Balto. Md

18 (a) Funeral director: Parkwood & Courtis
(b) Address: 21 W. 25th St.

19 (a) JUN 12 1942 (Date received by registrar) Huntington Williams, M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1942, 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1941 to June 11 1942 and that I last saw h[illegible] alive on June 10 1942

Immediate cause of death: Arteriosclerotic Cardiac Hypertrophy — Duration

Due to: Cerebral Hemorrhage

Due to: Fx

Other Conditions: Fracture of L humerus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 1941 at M
(c) Where did injury occur? 2101 E Chase St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home (Specify type of place) While at work?
(e) Means of injury: Fell striking [illegible]

23. Signature: Charles Gotch M. D.
Address 801 N Eutaw Date signed 6/12/42

VS 3

F 93070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93070 Registered No. 1240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 E. Madison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Seymore

3 (b) If veteran, name war 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1898

8. AGE: Years	Months	Days	If less than one day
54	0	0	hr. min.

9. Birthplace Tarpley Texas. (Town, county, and state)
10. Usual Occupation Plasterer-Retired
11. Industry or business

FATHER
12. Name William Seymore
13. Birthplace Texas

MOTHER
14. Maiden Name Aggie Chadwick
15. Birthplace ?

16 (a) Informant Josephine Lovely
(b) Address 101 E Madison

17 (a) Removal (b) Date thereof 6/12/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest
Location Middleborough Ky.

18 (a) Funeral director Wm Cook Sons
(b) Address 1217 Lt Pratt

19 (a) (b) Huntington Williams, M.D.
Registrar

JUN 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death	Duration
Generalized septicemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed June 12 1942

Please write plainly; every item of information should be carefully supplied as is especially important. Physicians: please write the causes of death clearly and legibly.

F 93071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a F 93071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 N. Charles ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Andrew Jackson Clark (Elizabeth J. Clark)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	widowed

6 (b) Name of husband or wife Mr. Andrew Jackson Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-[illegible]-1861

8. AGE: Years	Months	Days	If less than one day
81	1	7	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas S. Allen
13. Birthplace Georgia

MOTHER
14. Maiden Name Emma B. Tarver
15. Birthplace Georgia

16 (a) Informant Miss M. L. Allen
(b) Address 2315 N. Charles St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Northern Pa. Aves.

19 (a) JUN 12 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1942, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1942 to 6-12 1942 and that I last saw h[illegible] alive on 6-12 1942

Immediate cause of death	Duration
Bronchopneumonia	5 Days
Due to Fracture through right Ischium, Acetabulum & neck of Femur	28 days
Due to	
Other Conditions Mild stroke of left Face, Tongue & hand	1 Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 5-17-42 at [illegible] P M
(c) Where did injury occur? 2315 N Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell in her home

23. Signature Dwight P. Cruikshank III M. D.
Address Union Memorial Hosp Date signed 6-12-42
Robert Lee Jackson M.D.

VS 3

F 93072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3211 Kenyon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3 Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 11 Kenyon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Katharine Moloney

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Micheal J. Moloney
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 26, 1900

8. AGE: Years	Months	Days	If less than one day
42	0	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name E. Bennett
13. Birthplace Maryland

MOTHER
14. Maiden Name Jeannette Hunter
15. Birthplace Maryland.

16 (a) Informant Micheal J. Moloney
(b) Address 3211 Kenyon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13./1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd.

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave.

19 (a) JUN 12 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 7 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942 to June 11 1942, and that I last saw h-d alive on June 10 1942

Immediate cause of death Uraemia — Duration 4 days

Due to Chr. Nephritis & Hypertension ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan'l Stevens MD
Address 700 N. Patterson Pk Date signed 6/12/42

Physicians: please write the causes of death clearly and legibly. Accuracy of information should be carefully

F 93073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

Registered No. F 93073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 E. 31 St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Minnie Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Now Married

6 (b) Name of husband or wife: Paul Baker

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): March 1 1895

8. AGE: Years: 51 Months: 3 Days: 11 If less than one day: hr. min.

9. Birthplace: Franklin Indiana (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Albert Barnett
13. Birthplace: Franklinton Ind.

MOTHER
14. Maiden Name: Gersip
15. Birthplace: Franklinton Ind.

16 (a) Informant: Paul Baker
(b) Address: 1906 E. 31 St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: June 12-42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Old Frederick Road

18 (a) Funeral director: John A. McGean
(b) Address: 4200 Gwynn Oak Ave.

19 (a) JUN 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to June 12 1942 and that I last saw her alive on June 12 1942.

Immediate cause of death: Carcinoma of Esophagus — Duration: 8 months

Due to:

Due to:

Other Conditions: Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuster, M.D.
Address: Bon Secours Hospital Date signed: 6-12-42

VS 3

42

93074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 ✓ F 93074 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 414 da
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

16 ✓

3 (a) FULL NAME
Eva Sparks 65459

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 26, 1908

8. AGE: Years 33 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: Va.
(Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: Samuel Larimye
13. Birthplace: ?

MOTHER
14. Maiden Name: Melvina Walker
15. Birthplace: ?

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 12 42 (month) (day) (year)
(c) Cemetery or crematory Lee Hall. Va.
Location Va

18 (a) Funeral director Guy S. Kelson
(b) Address 1303 Presstman St.

19 (a) JUN 13 1942 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1941 to June 11 1942, and that I last saw her alive on June 11 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 15mos?

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp Date signed 6-12-42

VS 8

F 93075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C F 93075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4'
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-7083

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1922

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business Cotton Mills

FATHER
12. Name Moral Miller
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Reed
15. Birthplace Va.

16 (a) Informant Walker + Wallace
(b) Address Wheeling, W. Va.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 6/14/42 (month) (day) (year)
(c) Cemetery or crematory 6 15 42
Location Wheeling W. Va.

18 (a) Funeral director Philip Herring Sons
(b) Address 2126 Orleans St

19 JUN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 10 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Acute hydro-cephalus	Duration
Due to	Cranio-cerebral injury	
Due to	Auto accident	
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 2nd 1942 M
(c) Where did injury occur? near Woodlawn (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road (Specify type of place) While at work?
(e) Means of injury Auto accident

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 12 1942

VS 6

F 93076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Winter Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Hunter

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-00

8. AGE: Years 41 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Fla
(City, town, county, and state)

10. Usual Occupation Fishing Guide

11. Industry or business

FATHER 12. Name Abram Hunter

13. Birthplace Ky

MOTHER 14. Maiden Name Addy Hill

15. Birthplace S.C.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 13 1942 (month) (day) (year)

(c) Cemetery or crematory Winter Park Cem.
Location Winter Park, Florida

18 (a) Funeral director Williams Cook, Inc.
(b) Address 1217 Eutaw St Baltimore

19 (a) JUN 18 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1942 to June 11 1942 and that I last saw him alive on June 11 1942

Immediate cause of death Arteriosclerosis — Duration

Due to Coronary Thrombosis

Due to (Aneurysm of aorta - syphilitic)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-11-42

Major findings of operation: Aortic aneurysm

of autopsy: Arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce J. Stacy, M.D.
Address Johns Hopkins Hosp. Date signed 6-12-42

Physicians: please write the causes of death clearly and legibly.

F 93077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maud B. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 3 - 1888

8. AGE: Years 54 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Gloucester Co Va (City, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Henry Chapman
13. Birthplace Va

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Maud E. Johnson
(b) Address 935 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park National
Location Baltimore

18 (a) Funeral director Sam'l H. Chase & Son
(b) Address 638 N. Fulton Ave.

19 (Date rec'd by registrar) JUN 13 1942 Registrar's No. Millington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1942 to June 10 1942, and that I last saw h[illegible] alive on June 9 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arterio Sclerosis

Due to 3rd attack

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Wright, M.D.
Address 209 Prescott Date signed 6/11/42

VS 3

Important. Physicians: please write the causes of death clearly and legibly.

4807899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Camp Parole
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Camp Parole
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	Black.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-28

8. AGE: Years	Months	Days	If less than one day
13	11	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene Snowden
13. Birthplace Ma.

MOTHER
14. Maiden Name Emma Green
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Brookhill
Location Outside of Annapolis

18 (a) Funeral director Mrs Ethel L Hicks
(b) Address 45 North West Street

19 (a) JUN 13 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 12 1942
and that I last saw him alive on June 12 1942.

Immediate cause of death	Duration
osteomyelitis right tibia & septicemia	12 days
Due to staphylococcus aureus	
Due to	
Other Conditions pernicious; amputation left (Include pregnancy within 3 months of death)	

Date of operation 6/5/42, 6/11/42
Major findings of operation: osteomyelitis tibia, fib; pernicious
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Kellogg Jr. M.D.
Address Johns Hopkins Hosp. Signed 6/13/42 M.D.

VS 3

F 93079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. F 93079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Darley Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Darley Avenue (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel A. Hall

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-10-1460

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary W. Conroy

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): May 2nd, 1882

8. AGE: Years: 60 Months: 1 Days: 8 If less than one day: ##### min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Fidelity Deposit Co.

FATHER
12. Name: George W. Hall
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary A. Casby
15. Birthplace: Baltimore Md.

16 (a) Informant: George C. Hall (Son.)
(b) Address: 3440 Cliftmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore Md.

18 (a) Funeral director: George J. Rath, Inc.
(b) Address: 1735 Harford Avenue

19 (a) JUN 13 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Address 1726 E. Lanvale St.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1942, at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942, to June 10 1942, and that I last saw him alive on June 5 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 2hrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature W. H. Krauss
Address 1726 E. Lanvale St. Date signed 6-11-42 M. D.

VS 3

93080 (2) HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 1310 F 93080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 Harlem Ave ST. WARD 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Bray Foot

(a) RESIDENCE NO. 1522 Harlem Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Joseph Bray Foot

6 DATE OF BIRTH (month, day, and year) Feb 12 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Daul. Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary White (Address) 1522 Harlem Ave.

15 JUN 13 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1942

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1941 to June 11, 1942

that I last saw her alive on June 11, 1942

and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

1 Hr. Pat. Heart Disease

2 Hr. Generalized Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 6 Hrs. Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter S Taylor M. D.

, 19 (Address) 1522 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL June 15 1942

20 UNDERTAKER James A Taylor

ADDRESS 1412 Wash Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MFR 74574 (2)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ Registered No. F 93081

3081 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. N 822 Hanover St. (If rural give location)
(e) Citizen of foreign country? N (Yes or No) If yes, name country

3 (a) FULL NAME Marion Love ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) ~~Single~~ married ~~widowed divorced~~

6 (b) Name of husband or wife Sidney Love
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1894-1895?

8. AGE: Years	Months	Days	If less than one day
47 or 48 ?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Crewshaw
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Smith
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A. Stavlas
(b) Address 142 W. Lexington St.

19 (a) JUN 13 1942 Huntington Williams, M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1942, at 2:45 M ✓

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1942 to 6-11 1942 and that I last saw h[illegible] alive on 6-11 1942

Immediate cause of death	Duration
Pneumococcal meningitis	2 days
Due to Pneumococcal mastoiditis	?
Due to	
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-11-42

VS 3

93082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. E 93082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emil P. Denhard

3 (b) If veteran, name war W
3 (c) Social Security Account No. 2185
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 5. 1883
8. AGE: Years 59 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, or state)
10. Usual Occupation Lawyer Retired
11. Industry or business

FATHER
12. Name Adam Denhard
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Bost
15. Birthplace Germany

16 (a) Informant Edna Denhard
(b) Address 714 E 33rd St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md
18 (a) Funeral director Wilhelm & Poole & Lee
(b) 714 E 33rd St
19 (a) JUN 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 10 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inspection & inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 12 1942

VS 6

93083 ✓ F 93083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 N Calvert St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Moore R Gorland

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 1085

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17 1880

8. AGE: Years 61 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Lancaster Co Pa (Town, county and state)

10. Usual Occupation Retired Druggist

11. Industry or business

FATHER 12. Name Moore B Gorland

13. Birthplace Pa

MOTHER 14. Maiden Name Sallie Brent

15. Birthplace Va

16 (a) Informant Dorothy G DeHaven

(b) Address 24 Cedarcroft Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wm Cook Inc

(b) Address 1400 N Fulton Av

19 (a) JUN 13 1942 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to June 11 1942 and that I last saw h[illegible] alive on June 11 1942.

Immediate cause of death Cardiac degeneration, Pulmonary Edema. — Duration 1 hr.

Due to Arteriosclerosis. — Duration Years.

Due to Cerebral Hemorrhage — Duration 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H E Cross

Address 28 W Preston St Date signed M 6 D 12 42

VS 8

93084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 N. Chapel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ Baltimore
(c) City or town 834 N. Chapel St (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 " " (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 yrs years

3 (a) FULL NAME MARY SLUKA

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Charles
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26, 1869

8. AGE: Years	Months	Days	If less than one day
72	10	15	..... hr. ..... min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name (?)
13. Birthplace Bohemia

MOTHER
14. Maiden Name (?)
15. Birthplace Bohemia

16 (a) Informant Joseph Sluka
(b) Address 845 Fillmore Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore, Md.

18 (a) Funeral director William Cooke Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 13 1942 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 1 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 11 1942 and that I last saw h alive on ..... 19 .....

Immediate cause of death	Duration
Hypostatic Pneumonia	6/9/42
Due to Carotid Hemorrhage	6/1/42
Due to Generalized Arteriosclerosis	1934
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bryan M.D.
Address 801 N Kenwood Ave Date signed 6/11/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d F 93085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 S. Potomac (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Leo K Reidel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-648

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 11-7-1896

8. AGE: Years 45 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Jacob Reidel
13. Birthplace Md

MOTHER 14. Maiden Name Barbara Waitzel
15. Birthplace Baltimore Md

16 (a) Informant Mary Reidel
(b) Address 734 S Potomac St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Addison St.

19 (a) JUN 13 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 11 1942 and that I last saw [illegible] alive on June 11 1942

Immediate cause of death
Respiratory failure — Duration 1 da
Due to Uremia — 3 da
Due to ? Hypertension & CVD — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. B Sherman
Address Mercy Hosp Date signed 6/11

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 93086 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 St. Matthews Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elnora Cheek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1888

8. AGE: Years 54 | Months | Days 3 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Duncan

13. Birthplace ?/a

MOTHER 14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant John Mac Willcains

(b) Address 1216 St. Matthews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A.A. County

(d) Funeral director Mrs. Ella Hodges

Address 1149 N. Carolina Ave.

19 (a) JUN 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1942, at 1.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy / Inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration

Cardio - Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 6-10-42

VS 6

93087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3158 Kenwick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME William Charles Woodring (Birth F 50584)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-28-42

8. AGE: Years	Months	Days	If less than one day
0	0	16 14	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation infant

11. Industry or business —

FATHER
12. Name John Delbert Woodring
13. Birthplace Ft. Wayne, Indiana

MOTHER
14. Maiden Name Eva Mae Dishong
15. Birthplace Baltimore, Md.

16 (a) Informant Eva Mae Woodring
(b) Address 3108 Kenwick Rd. Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1942 (month) (day) (year)

(c) Cemetery or crematory Glen Haven Memorial
Location Glenelg Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) JUN 19 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 at 6 05/14 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1942, to 6-12 1942, and that I last saw him alive on 6-12 1942.

Immediate cause of death Congenital heart disease — Duration 16 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Geo. J. Grazzano M. D.
Address U. M. Hosp Date signed 6/12/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 93088

Registered No.

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilmer Edwards

3 (b) If veteran, name war NO.

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 Months Days If less than one day hr. min.

9. Birthplace Ala. Ala. Md. (town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER 12. Name Garfield Edwards
13. Birthplace Ala. Co. Md.

MOTHER 14. Maiden Name Gertrude Field
15. Birthplace Balto. Co. Md.

16 (a) Informant Gertrude Edwards
(b) Address Balto. Co. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)

(c) Cemetery or crematory Forest Grove, Balto. Co. Md.
Location Balto.

18 (a) Funeral director Walter B. Symons
(b) Address 139 W. Lanvale Street

19 (a) JUN 13 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 8 1942, and that I last saw h[illegible] alive on June 8 1942.

Immediate cause of death. Peritonitis

Due to Gangrenous ileum

Due to Volvulus ileum

Other Conditions Acute appendicitis, acute hemorrhagic pulmonary congestion

(Include pregnancy within 3 months of death)

Date of operation June 7, 1942

Major findings of operation: Above findings

of autopsy

Duration 24 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H M Stranger M. D.
Address Univ. Hosp. Date signed 6/9

F 93089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓ Registered No. F 93089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Shelter Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-7615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1912

8. AGE: Years	Months	Days	If less than one day
30	2	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Hill
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Hattie Wilson
15. Birthplace Baltimore, Maryland

16 (a) Informant Agnes Phillips
(b) Address 928 McDonough Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) JUN 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-47 1947, at 1.20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by Autopsy + Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-9-47 at 12.05 P M
Where did injury occur? Pier, Fort Pk Ing Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Chauffeur driving truck (Specify type of place) While at work? no
(e) Means of injury Fell into harbor

23. Signature Howard J. Lueders M.D. Medical Examiner.
Date signed 6-10-47

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93090
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 W Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Catania Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	col.	widow

6 (b) Name of husband or wife Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-70

8. AGE: Years	Months	Days	If less than one day
71 70 (1)	5	11	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Non

11. Industry or business

FATHER
12. Name Stanley Johnson
13. Birthplace Balto

MOTHER
14. Maiden Name Martha Harvey
15. Birthplace Balto

16 (a) Informant Marie Johnson
(b) Address 711 W Lanvale St

17 (a) Burial (b) Date thereof 6-16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mem'l Methodist
Location Baltimore, Md.

18 (a) Funeral director Mrs. Rennie H. Holland
(b) Address 1631 Druid Hill Ave.

19 JUN 13 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 0:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to June 11 1942, and that I last saw h[illegible] alive on June 11 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Cataract extraction Cardiac Decompensation	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Eveleigh M. D.
Address 805 N Fremont Ave Date signed 6/12

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 93091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a). FULL NAME Josephine Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Charles Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1872

8. AGE: Years	Months	Days	If less than one day
70 72	5	3	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Chauncey Fairfax
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Hunter
15. Birthplace Balto. Co. Md.

16 (a) Informant Edith Tucker
(b) Address 506 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Md
Location Owings Mills, Md.

18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JUN 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquiry~~ autopsy & the records and from the evidence obtained by said ~~inquisition~~ autopsy & inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed June 11 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

F 93092

Reg. Dist. No.

1. PLACE OF DEATH:
County: Baltimore Md.
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one week
Hospital, institution, or street address where death occurred: Melrose Nursing Home - Roland Ave
How long in hospital or institution? One week.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Armagh Village (If outside city or town limits, write RURAL and give nearest town)
Street No.: 2085 Tyrone Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: William H Martin

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Widowed.

6.(b) Name of husband or wife: Mary Lee M. Martin
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec 12th 1867

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
74	5 6	30		

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Engineer
11. Industry or business:

FATHER
12. Name:
13. Birthplace: Frederick County

MOTHER
14. Maiden name:
15. Birthplace: Judeah County

16. Informant: Mrs Virgina Cartlett
Address: 2085 Tyrone Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 15-1942 (month) (day) (year)
Cemetery or crematory: Parrain Cemetery
Location: Baltimore City
18. Funeral director: Roy W Barber
Address: Catonsville Md

JUN 14 1942 19. Filed (Date filed by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 19 42, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 19 41 to June 13 19 42 and that I last saw h[illegible] alive on June 13 19 42

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 wk

Due to: Arteriosclerotic Cardiovascular Disease with Hypertension — DURATION: ?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lawrence J Blumenthal MD
M. D. or other
Address: 3711 Falls Rd Date signed: 6-13-42

93093 i

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ Registered No. E 93093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights Av
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 8 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Md
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Av (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Samuel Hirsh Chidakel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Herman Chidakel
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Wronker
15. Birthplace Russia

16 (a) Informant Meyer Chidakel
(b) Address Washington D C

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 13 42 (month) (day) (year)
(c) Cemetery or crematory Jewish Cem
Location Wash D C

18 (a) Funeral director B Danziger & Sons
(b) Address 350 - 14th St N W

JUN 14 1942 (Date filed by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 13 1942 and that I last saw h alive on 19

Immediate cause of death: Bilateral Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Cardiac dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury
23. Signature Louise Chidakel
Address 2225 Eutaw Pl Date signed 6/13/42 M.D.

VS 3

Notice: Every item of information should be carefully supplied. Dates are especially important. Physicians: please write the causes of death clearly and legibly.

93694 74573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

Registered No. E 93094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leroy Swords ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 290-18-1172

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 17/93
8. AGE: Years 19? Months ?4 Days ?25 If less than one day hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Adam Swords
13. Birthplace Ohio

MOTHER
14. Maiden Name Susan Howell
15. Birthplace Ky

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 13/42 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Ohio
Location Ohio

18 (a) Funeral director Philip Henrig Sons
(b) Address 2424 Eastern Ave

JUN 14 1942 (Date rec'd by registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1942, at 11:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1942 to 6-12 1942 and that I last saw h[im] alive on 6-12 1942.

Immediate cause of death: Meningococcal meningitis — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Calhoun M. D.
Address Balto. City Hosp Date signed 6-13-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 93095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 93095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mon. St & Rutl. Ave.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Md Baltimore
(c) City or town Govans Rd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James P. O'Neill

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-01-4006

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary. James O'Neill

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Nov. 18. 1898

8. AGE: Years 43 Months 6 Days 23 If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Md. Pipe Products

FATHER
12. Name Harry O'Neill
13. Birthplace Unknown

MOTHER
14. Maiden Name Mollie?
15. Birthplace Unknown

16 (a) Informant Mrs. Caroline O'Neill
(b) Address 611 S. Bond Fort St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15. 42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location

18 (a) Funeral director S. Heyman & Son
(b) Address 32 S. Broadway

19 (a) JUN 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 19 42, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 19 42 to June 11 19 42, and that I last saw h alive on June 11 19 42.

Immediate cause of death Cardio Resp. Failure (Shock) — Duration

Due to Rt. iliac embolism, mesenteric embolism — 9 days

Due to Auricul Cardiac Fibrillation.

Other Conditions Old Rheumatic Fever, Hypertensive heart disease,
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Rt. iliac + Mesentaic embolism

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Kenneth Rule M.D.
Address Sinai Hospital Date signed 6.11.42

VS 3

93096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95C ✓ F 93096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 N. Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1332 N. Strieker St (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. Strieker St Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Curtis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Walter Curtis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1898

8. AGE: Years	Months	Days	If less than one day
44	3	14	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Mary Curtis
15. Birthplace md

16 (a) Informant Walter Curtis
(b) Address 1332 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory
Location St Peters cem.

18 (a) Funeral director Gregg A. Nelson.
(b) Address 1303 Pennsylvania Ave

JUN 16 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 50

20. DATE OF DEATH June 12 1942 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic heart disease — Duration

Due to Chronic bronchial asthma.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Le Graham M.D. Medical Examiner
Date signed June 12 1942

78 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93097 1 Fiege ✓ 93d F 93097 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Fiege

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John M Coonan
13. Birthplace ?

MOTHER
14. Maiden Name Catherine Grosse
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1942 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) JUN 14 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942, to June 13 1942, and that I last saw her alive on June 9 1942.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gail Hall M. D.
Address 1631 E. North Ave Date signed June 13 1942

VS 1

Warning: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Parkington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Parkington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE A. WEDDINGFIELD

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Walter W. Weddingfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1886

8. AGE: Years	Months	Days	If less than one day
56	5	6	hr. min.

9. Birthplace Catonsville, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Newton Gregg
13. Birthplace Clearsprings, Md.

MOTHER
14. Maiden Name Louisa Richardson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marguerite I. Spires
(b) Address 3409 Parkington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 (c) JUN 14 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942, at 3:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3rd, 1942, to June 12, 1942, and that I last saw her alive on June 12, 1942.

Immediate cause of death Cardiac Failure
Due to Congestion of Brain and Kidneys

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

Duration
2 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 5520 Reisterstown Rd., Date signed June 13, 1942

93099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

F 93099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 W. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Ellen Siegman

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	wh	married

6 (b) Name of husband or wife James J. Siegman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	17	hr. min.

9. Birthplace Carroll Co Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Cornelius Sauble
13. Birthplace Baltimore Co Md.

MOTHER
14. Maiden Name Matilda Berthold
15. Birthplace Pa.

16 (a) Informant Mr. James J. Siegman
(b) Address 1931 W. Lafayette Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Beckleysville, Balto. Co.
Location Balto. Co.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave.

19 (a) JUN 14 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 June 12 1942 and that I last saw h[illegible] alive on June 12 1942

Immediate cause of death Edema of lungs due to Bronchopneumonia.

Due to Breast tumor removed 3 yrs. ago, 1939 metastasis

Due to [illegible]

Other Conditions Left Glaucoma destroyed

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1-2 hrs. 3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Short M. D.
Address 6 Professional Arcade June 13 1942

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 93100

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 3119 Wylie av. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME SCHWIND Wm B. (William Bradley Schwind) Cert F-46493

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1942

8. AGE: Years --; Months 2; Days 18; If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name J. Arthur Schwind
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie M. McLain
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. J. Arthur Schwind, father
(b) Address 3119 Wylie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUN 14 1942 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/ 1942 at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28/1942 to 6/12/1942, and that I last saw h[illegible] alive on 6/12/1942.

Immediate cause of death

Bilateral Lobular pneumonia

Due to

Due to

Other Conditions Clubbed feet

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: NONE

Duration: 4 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lehrman M. D.
Address St. Joseph's Hosp Date signed 6-12-42

VS 1

Certificates of death are especially important. Physicians: please write the causes of death clearly and legibly.

93101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. E 93101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 32 S High St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB SILVERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57 62			hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation Sexton

11. Industry or business

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Odis
15. Birthplace Russia

16 (a) Informant Wife
(b) Address 32 S High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory Mikro Kodushim
Location Baltimore Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1434 E Baltimore St

19 JUN 14 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner
Date signed 6-17-42

VS 6

93102 (Birth F. 5137)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

F 93102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Bailey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country BURKEITH-AVE

3 (a) FULL NAME Sylvia Audrey Colton

3 (b) If veteran, name war 1 | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Colton
13. Birthplace ?

MOTHER 14. Maiden Name Ida Colton
15. Birthplace ?

16 (a) Informant Mrs. Joseph Colton
(b) Address 2233 Bailey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-42 (month) (day) (year)
(c) Cemetery Smallwood & Corp
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 JUN 14 1942 Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1942, at 11 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1942 to 6/13 1942 and that I last saw her alive on 6/13 1942

Immediate cause of death
Cerebral Hemorrhage.
Due to Pneumonia.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wellington Williams M. D.
Address Mercy Hospital Date signed

VS 2

Please see that every item of information should be carefully supplied. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

93103 | BALTIMORE CITY HEALTH DEPARTMENT 63a F 93103

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Rising Sun Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida Mae Gaultney

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 15, 1886

8. AGE: Years	Months	Days	If less than one day
56	0	29	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Isa Carter
13. Birthplace north Carolina

MOTHER
14. Maiden Name Evangeline Jones
15. Birthplace North Carolina

16 (a) Informant Miss Wilda Gaultney
(b) Address Rising Sun, Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (month) (day) (year)
(c) Cemetery or crematory Baptist Cem.
Location Conowingo Md.
18 (a) Funeral director J. C. Tyson
(b) Address Rising Sun Md.
19 JUN 14 1942 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942 to June 13 1942 and that I last saw h[illegible] alive on June 13 1942.

Immediate cause of death Cardiorespiratory failure — Duration —

Due to Hazard crisis, post operative — Duration 3 days

Due to —

Other Conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Date of operation 6-10-42

Major findings of operation: Calloid goiter

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Oliver J. Kolar
Address Union Memorial Date signed 6/15/42

VS 8

93104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U.S. Macint Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Federalsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

256

3 (a) FULL NAME Douglas, James

3 (b) If veteran, name war: World

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1894

8. AGE: Years	Months	Days	If less than one day
47 48	10	76	hr. min.

9. Birthplace Cannonsburg, Miss. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Town of Federalsburg

FATHER
12. Name Wm. Douglas
13. Birthplace Cannonsburg, Miss.

MOTHER
14. Maiden Name Charlotte Thornton
15. Birthplace Cannonsburg, Miss.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 42 (month) (day) (year)
(c) Cemetery or crematory Federalsburg md.
Location Federalsburg Maryland

18 (a) Funeral director J. J. Crampton Sons
(b) Address Federalsburg Md

19 JUN 1 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1942, to June 13 1942, and that I last saw him alive on June 13 1942.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Heart Failure	2 mo.
Due to Myocardial degeneration	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. T.B.H. Cochran (Coroner)
Address U.S. Marine Hosp. Balto. Date signed 6-14-42 M. D.

(over)

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. E 93105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Aberdeen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES MASON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Welfare
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 461 Huntington Ave Huntington Williams, M.D.

19. (a) JUN 17 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1942 at 10:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 6-11-42

VS 6

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

93106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 ✓ F 93106

Registered No.

Please write plainly. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BOYD ELLSWORTH SCHULER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 - 1914

8. AGE: Years	Months	Days	If less than one day
28	1	7	hr. min.

9. Birthplace Portsmouth Ohio. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name Frank Schuler
13. Birthplace Scioto Co Ohio

MOTHER
14. Maiden Name Clara White
15. Birthplace Scioto Co Ohio

16 (a) Informant Mrs Gallagher
(b) Address Portsmouth O

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory Minford Cem
Location Minford Ohio

18 (a) Funeral director William Coon Inc
(b) Address 1247 W Broad St Huntington West Virginia

19. JUN 15 1942 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 8 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Subarachnoid hemorrhage
Due to: Dislocation of 5th cervical vertebra
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-13-42 at M
(c) Where did injury occur? In front of 2306 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck with fist in fight + argument

23. Signature H. L. Wallenstein M.D.
Medical Examiner.
Date signed 6-14-42

93107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 - C St. N.W. 307 - 16th St. N.W.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES A ALBERT

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret H. Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 - 1885

8. AGE: Years	Months	Days	If less than one day
57	1	7	hr. min.

9. Birthplace Washington DC.
(City, county, and state)

10. Usual Occupation Clerk.

11. Industry or business

FATHER
12. Name William H. Albert.
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Henderson
15. Birthplace

16 (a) Informant Mrs James G. Albert
(b) Address Virginia Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-42 (month) (day) (year)

(c) Cemetery or crematory
Location Norfolk Va

18 (a) Funeral director Geo L. Berger Jr
(b) Address 1512 Rollins St

19 JUN 15 1942 (Date rec'd by reg.) Washington William MD

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 19 42 10P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions no
(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 6-14-42

VS 6

Important. Physicians: please write the causes of death clearly and legibly.

93108

HEALTH DEPARTMENT—CITY OF BALTIMORE

93108

CERTIFICATE OF DEATH

156 B

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Hosp St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred since 9-22-27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Esther Jackson Patterson

U. S. Veteran (Specify WAR)

(a) Residence: No. 124 Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Isaiah Patterson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Minnie Jackson

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Minnie Smith

(Address) 154 Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 16 1942

19. UNDERTAKER Adolphus Harley

(Address) 2 N. Fremont Ave

20. FILED JUN 15 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1942 to June 12, 1942

I last saw her alive on June 1, 1942. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Anesthesia with Cardiac failure during Operation — Date of onset June 12, 1942

Other contributory causes of importance:

Scoliosis - Decreased vital capacity, lungs

Was an operation performed? yes Date of June 12, 1942

For what disease or injury? Scoliosis

Name of operation Spinal fusion

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. L. Smoak M. D.

(Address) Kernan Hosp

per C. Berman, M.D.

VS 2

OCCUPATION is very important. See instructions on back of certificate.

93109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1246

Registered No. E 93109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd Hazelton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M.

6 (b) Name of husband or wife Loretta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18 77

8. AGE: Years	Months	Days	If less than one day
64 66	8		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook.
11. Industry or business

FATHER 12. Name Samuel Hazelton
13. Birthplace Md.

MOTHER 14. Maiden Name Mary
15. Birthplace Ind.

16 (a) Informant Loretta Hazelton
(b) Address 643 George St.

17 (a) (Burial, cremation, or removal) (b) Date thereof June 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore Md

18 (a) Funeral director Adolphus Pollard
(b) Address 907 Druid Hill Ave

19 JUN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942, to June 12 1942, and that I last saw h alive on June 10 1942.

Immediate cause of death Hepatic Cirrhosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stewart M. D.
Address 628 Frank Ave Date signed June 4

Important: Physicians: please write the causes of death clearly and legibly.

93110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a

F 93110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Aisquith St. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna F. Baird

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Charles Baird
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 7/17/1883

8. AGE: Years	Months	Days	If less than one day
58	11	—	— hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Edw. V. Hayes
13. Birthplace Md.

MOTHER
14. Maiden Name Annie M. (Pickles)
15. Birthplace Md.

16 (a) Informant Mrs. Leah G. Berg
(b) Address 1519 - 915 South St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto. Md.

18 (a) Funeral director George D. Pentz Inc.
(b) Address 17 S. Howard St.

19 (a) JUN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 at 5 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to June 12 1942 and that I last saw her alive on June 12 1942.

Immediate cause of death Uremia & Acidosis — Duration —
Due to Pyonephrosis —
Due to Renal Calculus —
Other Conditions Amyloidosis —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature K. Kenneth Trulein M.D.
Address Sinai Hosp. Date signed 6/13/42

VS 3

(F) Physicians: please write the causes of death clearly and legibly. The accuracy of information should be carefully supplied. The accuracy is important.

F 93111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

580 F 93111 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick M. Meiser

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
6	217-12-6439	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1924

8. AGE: Years	Months	Days	If less than one day
17	6	-	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Filberts Mayonaise

FATHER
12. Name Herbert F. Meiser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna E. Burns
15. Birthplace Baltimore, Md.

16 (a) Informant Herbert F. Meiser
(b) Address 2306 W. Baltimore St.

17 (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) JUN 15 1942 (Local Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to June 1942 and that I last saw h alive on June 11 1942

Immediate cause of death: Rheumatic a-v. Disease — Duration 3 yrs
Subacute Bacterial Endocarditis — 3 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Charles J. Labrinski
Address 5217 Bonnett Rd Date signed 6/13/42 M. D.

F 93112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93112
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Homestead (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Helen B. Hulse
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F ~~M~~	W	married	Edwin P. Hulse	years

7. Birth date of deceased (mo., day, yr.) June 6 - 1892

8. AGE: Years	Months	Days	If less than one day
50	-	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk Grocery store
11. Industry or business

FATHER
12. Name Frederick S. Brown
13. Birthplace New York

MOTHER
14. Maiden Name Elizabeth Sedenk
15. Birthplace Germany

16 (a) Informant Edwin P. Hulse
(b) Address 935 Homestead St

17 (a) Burial (b) Date thereof June 16-42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dashwood Location Parkville Md

18 (a) Funeral director Albert W Bruce
(b) Address 440 E North Ave

19 JUN 15 1942 Registrar's number Interstate Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 805 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 13 1942, and that I last saw her alive on June 13 1942.

Immediate cause of death
Cerebral Hemorrhage
Due to
Hypertension & C-V Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Leahy M. D.
Address 440 E Lexington Date signed 6/15/42

F 93113

BALTIMORE CITY HEALTH DEPARTMENT 516

CERTIFICATE OF DEATH

Registered No. F 93113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Park Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Park Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS SEWALL CHEW

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216 - 07-2374

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary K. Chew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/14/1872

8. AGE: Years 69 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace West River - A. A. Co., Md.
(Town, county, and state)

10. Usual Occupation clerical

11. Industry or business J. W. Chew

FATHER
12. Name M. Summerfield Chew
13. Birthplace West River, Md.

MOTHER
14. Maiden Name Sallie Peake Owens
15. Birthplace West River, Md.

16 (a) Informant Henry D. Owens
(b) Address 612 Reservoir St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/15/42 (month) (day) (year)
(c) Cemetery or crematory Christ Church Cem.
Location Owensville, A. A. Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUN 15 1942 (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH June 12, 1942 at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to June 12 1942 and that I last saw h[illegible] alive on June 11 1942

Immediate cause of death: [illegible] Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. E. Bonsack M. D.
Address 4509 Falls Rd. Date signed June 13

VS 8

F 93114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

550

F 93114

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ross Edwin Lynch

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-07-5690

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Ethel Lynch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1882

8. AGE: Years 60 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto., County, Md. (Town, county, and state)

10. Usual Occupation Sales Advertising

11. Industry or business Marshall Motors

FATHER
12. Name George Edwin Lynch
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Annie George
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Ross Lynch
(b) Address Roslyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address Mt. Pr. & Pa. Ave., Balto., Md

JUN 13 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942, at 4° AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to June 14 1942, and that I last saw h[illegible] alive on June 12 1942.

Immediate cause of death: Coronary collapse

Due to: Sarcoma of left thigh

Due to:

Other Conditions: Metastases to lung

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H M Stuagen, M.D.
Address Univ. Hosp. Date signed 6/14

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a ✓ F 93115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 871 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 871 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARCIA L. PRICE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	2	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business

FATHER
12. Name ? Lawrence
13. Birthplace Va.

MOTHER
14. Maiden Name Emiline Harris
15. Birthplace Va.

16 (a) Informant Miss Gertrude Price
(b) Address 871 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUN 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 12, '42 19 , at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to 12 1942 and that I last saw h alive on June 12, 1942

Immediate cause of death

	Duration
General Carcinoma	1 yr
Due to Carcinoma of Cervix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. J. Compher M. D.
Address 63 N. Carey St Date signed 6-13-42

VS 8

F 93116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

F 93116

Please write plainly with pen or indelible pencil. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 S. Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY BARTHOLOMAY (HENRY CHRISTIAN BARTHOLOMAY)

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: - - -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 9, 1886

8. AGE: Years 55 | Months 11 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Construction Rigger
11. Industry or business

FATHER
12. Name Adam Bartholomay - deceased
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Caroline Lahm - deceased
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15.1942 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave.& Broadway.

19 (a) JUN 15 1942 (Registrar's signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1942, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1942 to June 12 1942, and that I last saw him alive on June 12, 1942.

Immediate cause of death: Uremia — Duration: 3 weeks

Due to: Nephro-sclerosis — Not known

Due to: Hypertensive cardio vascular renal disease — Not known

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address U.S. Marine Hospital, Baltimore, Maryland Date signed 6/12/42

VS 3

M. D. B. 1939-6

F 93117

F 93117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 830 Registered No.

CITY OF BALTIMORE: (No. #608 Winans Way St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ozella S. Pfeiffer

(a) Residence: No. #608 Winans Way St., 7-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John P. Pfeiffer

6. DATE OF BIRTH (month, day, year) January 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Care of her own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Schesler

14. BIRTHPLACE (city or town) (State or country) Pikesville Md.

MOTHER

15. MAIDEN NAME Isabella Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emma S. Selby

(Address) 608 Winans Way, Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/15/42 19

19. UNDERTAKER John O. Mitchell & Son,

(Address) 1900 Eutaw Street

20. JUN 15 1942 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from Several years, 19 to June 12, 1942

I last saw her alive on June 12, 1942. Death is said to have occurred on the date stated above, at 9:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral hemorrhage	6 hr.
Arterial Hypertension	?
Other contributory causes of importance:	
Arterio Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Nichols M. D.

(Address) Pikesville, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

93118 12-14-1882 59

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. F 93118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town BALTIMORE MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Northern Pkwy (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Retha Depkin (Margharejta) (1st name)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-14-1882
8. AGE: Years 59 | Months 5 | Days 28 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wm Depkin
13. Birthplace —

MOTHER
14. Maiden Name Eliz Nagel
15. Birthplace —

16 (a) Informant Louise H Sandor
(b) Address Catonsville
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
18 (a) Funeral director Leonard J Pentz
(b) Address 5205 Harford Road
19 (a) JUN 15 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1942, at 5 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/1942, to 6/12 1942, and that I last saw her alive on 6/12 1942.

Immediate cause of death: Uremia — Duration
Due to: Generalized peritonitis
Due to: Probable Malignancy
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6/11/42
Major findings of operation: generalized peritonitis
Autopsy: —

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Lawrence Gilbride M.D.
Address Mercy Hosp Date signed 6/12/42

VS 3

E 93119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered No. E 93119

Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Bayonne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Bayonne Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm J Stein Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1903

8. AGE: Years	Months	Days	If less than one day
38	10	27	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wm J Stein Sr.
13. Birthplace Balto Md

MOTHER
14. Maiden Name Barbara Riedie
15. Birthplace Balt Md

16 (a) Informant Barbara Stein
(b) Address 3008 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Rauch
(b) Address 5305 Harford Ave

19 (a) JUN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1942 to 6/14 1942. and that I last saw h alive on 6/12 19 42

Immediate cause of death Carcinoma of Liver — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Fortney M.D.

Address 503 Harford Ave Date signed 6/15/42

VS 3

93120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Lutheran Ave
(c) Hospital or institution: Mercy Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glenharen (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Willoughby Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Richard G Kaschke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie Kaschke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-21-1887

8. AGE: Years	Months	Days	If less than one day
55	2	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Record Dept.
11. Industry or business City of Balto

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Bessie Kaschke
(b) Address 3019 Willoughby Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard D Pucci
(b) Address 5305 Harford Ave

19 (a) (b) Registrar

Date received JUN 15 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1942 to 6/13 1942; and that I last saw her alive on 6/13 1942

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Med Dept - Home Date signed 6/13/42

F 93121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√836 Registered No.

F 93121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2635 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Wilkens Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward P. Stricker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Delia Teague
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1872

8. AGE: Years	Months	Days	If less than one day
69	6	16½	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name William Stricker
13. Birthplace Howard Co. Md.

MOTHER 14. Maiden Name Mary Brady
15. Birthplace Ireland.

16 (a) Informant Mr Stricker Son
(b) Address 2635 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lennon & Son
(b) Address 90 Hoffman St.

19 JUN 15 1942 (Date rec'd by registrar) Huntington Williams M.D. (Signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942 at 5 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to June 14 1942 and that I last saw h alive on June 14 1942

Immediate cause of death Cerebral Embolism — Duration 24 hours

Due to Chronic Nephritis — Duration years.

Due to

Other Conditions Senile Pneumonia — Duration 12 days

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. O'Mara

Address 804 Cathedral St. Date signed M. 6 D. 15/42

John T. O'Mara

F 93122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 93122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY KELLY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 214-20-7205

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Anna Stack
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1892

8. AGE: Years 49 | Months 7 | Days 7 | If less than one day: hr. min.

9. Birthplace: Harpers Ferry, West Virginia (Town, county, and state)

10. Usual Occupation: Produce Business

11. Industry or business

FATHER
12. Name: Robert S. Kelly
13. Birthplace: Harpers Ferry, West Virginia

MOTHER
14. Maiden Name: Mary House
15. Birthplace: Harpers Ferry, West Va.

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director Guy J. Towers and Son
(b) Address 1300 W. Mulberry St.

19 (a) JUN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1942, at 5:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8, 1942, to June 12, 1942, and that I last saw him alive on June 12, 1942.

Immediate cause of death: Coronary thrombosis — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify home, farm, or place)
(e) Means of injury

23. Signature [signature] M. D.
Address U.S.Marine Hospital, Baltimore, Maryland Date signed 6/13/42

VS 8

F 93123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4657

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 89

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46 47	9	16		

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Clarke
13. Birthplace Va.

MOTHER
14. Maiden Name Laura Harvey
15. Birthplace Va.

16 (a) Informant Bertha Carter
(b) Address 1210 N. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Mrs. R. A. Elliott & Dgt.
(b) Address 1129 N. Carey St. Baltimore, Md.

19 (a) JUN 15 1942 (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 10:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Cause	Duration
Immediate cause of death: Hypertension Cardio-Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gentzler M.D. Medical Examiner.
Date signed June 12 1942

VS 6

F 93124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93124 1 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Hodges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: John Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23 1902

8. AGE: Years: 39 | Months: 9 | Days: 19 | If less than one day: hr. min.

9. Birthplace Richmond Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Henry Mitchell
13. Birthplace Va.

MOTHER
14. Maiden Name Millie Brent
15. Birthplace Va.

16 (a) Informant Ruby Shaw
(b) Address 1622 E. Madison St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 15 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Va.

18 (a) Funeral director Mrs. R. A. Elliott & Dept.
(b) Address 1129 N. Carolina St

19 (a) JUN 15 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12- 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8- 1942 to 6-12- 1942, and that I last saw h alive on 6-12- 1942

Immediate cause of death: Cardio-renal disease — Duration: 4 hrs.

Due to

Due to

Other Conditions Hypertension — 4 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Gangloff M. D.

Address 611 N. Carey Date signed 6-15-42

93125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 93125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Graves

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Gertrude Graves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-9-1901

8. AGE: Years 41 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Wilmington - Del
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Graves
13. Birthplace Ga

MOTHER 14. Maiden Name Sybary Graves
15. Birthplace Ga

16 (a) Informant Gertrude Graves
(b) Address 1838 N. Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 1 Huntington Terrace

JUN 15 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 11 1942 and that I last saw [illegible] alive on June 11 1942

Immediate cause of death Uremia — Duration 12 days

Due to Hypertension Cardio Vascular Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M. D.
Address Provident Hosp. Date signed June 15 1942

VS 5

93126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 F 93126
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos. 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Lanvale Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN PORTER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
S.A.W.		Male	C	Married.

6 (b) Name of husband or wife Ella Carter
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Mar. 15, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	26	hr. min.

9. Birthplace New Hall, Alabama (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Mac Porter
13. Birthplace New Hall, Alabama

MOTHER
14. Maiden Name Patty ?
15. Birthplace New Hall, Alabama

16 (a) Informant Records - U. S. Marine Hospital
(b) Address Baltimore, Maryland
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1942 (Month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location
18 (a) Funeral director Mrs Kate R. Williams
(b) Address 3224 Edmondson Ave. Baltimore, Md.
19 (a) JUN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1942, at 6:05 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13, 1942, to June 11, 1942, and that I last saw him alive on June 11, 1942.

Immediate cause of death: Uremia — Duration: 1 month
Due to: Chronic nephritis — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation (1) 2-13-42 (2) 3/3/42
Major findings of operations: 1) Rt. inguinal incarcerated hernia. 2) Prostatic hypertrophy benign with bladder neck obstruction.
If autopsy: As above.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 6/12/42

PHYSICIAN: Underline the cause to which death should be charged statistically.

Please write the causes of death clearly and legibly.

F 93127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 of F 93127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2404 W. Rogers Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Abt. 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 W. Rogers Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME: JOSEPH H. EPSTIN

3 (b) If veteran, name war: ----------

3 (c) Social Security Account No. 317-03-0083

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Bertha M. Epstin
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1868

8. AGE: Years	Months	Days	If less than one day
74	3 4	29	____ hr. ____ min.

9. Birthplace: Columbia, S. C. (Town, county, and state)
10. Usual Occupation: Floor Salesman
11. Industry or business: ?

FATHER
12. Name: Philip Epstin,
13. Birthplace: Unknown.

MOTHER
14. Maiden Name: Elizabeth Wolf,
15. Birthplace: Unknown

16 (a) Informant: Mrs. Leo Ottenheimer,
(b) Address: 2404 W. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/42. (month) (day) (year)
(c) Cemetery or crematory: Baltimore Hebrew
Location: Balto. Md.

18 (a) Funeral director: Harris Undertaking Co.
(b) Address: 1908 Eutaw Place

19 (a) JUN 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th. 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1942, to June 13 1942, and that I last saw h.im alive on June 13 1942.

Immediate cause of death: Coronary thrombosis — Duration: 1 day

Due to: Coronary artery disease arterio-sclerosis — Duration: 2 yrs.

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operations: —

of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Frederick Lantz M. D.
Address: Temple Garden Apts Date signed: 6/14/42

Physicians: please write the causes of death clearly and legibly. The accuracy of information should be carefully supplied. The accuracy is important.

VS 8

F 93128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93128 Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Woodhaven ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Lorenzo Enos

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3241

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Carrie E Enos

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 18-1874

8. AGE: Years 67 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual Occupation Dairy Employee

11. Industry or business

FATHER
12. Name Joshua Enos
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Bumblitz
15. Birthplace Maryland

16 (a) Informant Mrs J Lorenzo Enos
(b) Address 3726 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/42 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Hampstead Md

18 (a) Funeral director Edward C Tipton
(b) Address Hampstead Md

19 (a) JUN 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1942, to 6/15 1942, and that I last saw h[illegible] alive on 6/12 1942.

Immediate cause of death: Cardio-Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. H. Patterson M. D.
Address 2384 Reisterstown Rd Date signed

VS 3

F 93129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93129
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Temple Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel A. Preacoe

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1921

8. AGE: Years	Months	Days	If less than one day
20	5	15	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Franklin M. Preacoe
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Coupling
15. Birthplace Md

16 (a) Informant Amelia Preacoe
(b) Address 201 Silver Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory Pulaski Hill Cem.
Location Balto. County

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1616 N. Central Ave

19 (a) JUN 15 1942 (Date received by city registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12- 1942 at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Bacillus tuberculosis, pulmonary	
Due to Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 6-13-42

VS 6

F 93130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 Registered No. F 93130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3479 Hickory Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3479 Hickory Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Knight

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-7344

4. Sex Male. 5. Color or race White. 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1875.

8. AGE: Years 66 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Weaver

11. Industry or business Cotton Duck Mills

FATHER 12. Name James A. Knight

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary J. Pendleton

15. Birthplace Virginia

16 (a) Informant Bertha L. Shoemaker

(b) Address 3435 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Walter R. McNamee

(b) Address 4114 Falls Road

JUN 15 1942 (Date received by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13, 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1941 to 6-13 1942, and that I last saw h.im alive on 6-1 1942.

Immediate cause of death Carcinoma of Stomach with general peritonitis

Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Blumenthal M. D.

Address 3711 Falls Rd Date signed 6-15-42

F 93131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b F 93131

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Smith 74269

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1918

8. AGE: Years	Months	Days	If less than one day
24	3	6	hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Will Smith
13. Birthplace Ga.

MOTHER
14. Maiden Name Carrie Parker
15. Birthplace Ga.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George A. Nelson
(b) Address 1803 Bressman St

JUN 15 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942, to June 12 1942, and that I last saw her alive on June 12 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-12-42

F 93132 BALTIMORE CITY HEALTH DEPARTMENT F 93132

CERTIFICATE OF DEATH 164a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 S. Dunham Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD GALISZEWSKI

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Single
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5 1906

8. AGE: Years	Months	Days	If less than one day
35	10 7	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Vanity Decorator
11. Industry or business for self

FATHER
12. Name Felix Galiszewski
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Harnek
15. Birthplace Poland

16 (a) Informant Katherine Galiszewski
(b) Address 509 S. Dunham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director F. W. Ozarowski
(b) Address 1930 Eastern Ave

19 (a) (Signature of registrar) (b) Hunting for Williams M.D.

JUN 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging by rope — Duration

Due to mental derangement

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence June 13, 1942 M
(c) Where did injury occur? Jones Alabama (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Prison (Specify type of place) While at work? Not
(e) Means of injury Hanging by rope

23. Signature H. Z. Ballenweber M.D. Medical Examiner.
Date signed 6-13-42

93133

Lazaretto #4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. E 93133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City Harbor
(c) Hospital or institution: Laz #4 Pratt St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give direction)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob, Alvin E. Burnett — Unknown.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40+			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location PUBLIC CEMETERY JUN 15 1942
Commissioner of Health 6/26/42
18 (a) Funeral director Walter Mau
(b) Address
19 (a) JUN 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1942 at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence Probably 6-5-42 at — M
(c) Where did injury occur? Harbor pier 4 Pratt St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Recovered from Harbor
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-7-42

VS 6

(over)

93134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Utica
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Bleecker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Severino Stephen Elaine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/42

8. AGE: Years | Months: 2 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stephen
13. Birthplace New York

MOTHER
14. Maiden Name Helen Bample
15. Birthplace New York

16 (a) Informant Father
(b) Address Same

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted]

18 (a) Funeral director
(b) Address

19 (a) JUN 13 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 5-29 1942 and that I last saw h.er alive on 5-28 1942.

Immediate cause of death: acute gastroenteritis, diarrhea — Duration

Due to

Due to

Other Conditions: prematurity, bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Univ. Hosp. Date signed 5-30-42 M. D.

JUN 13 1942
Commissioner of Health

VS 2

9166

93135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 93135

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 McCulloh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Maultsby (Birth F 50838)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-2-42
8. AGE: Years | Months | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Sylvester Maultsby
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alice Smith
15. Birthplace Virginia

16 (a) Informant Father
(b) Address 1810 McCulloch St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 13 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) JUN 13 1942 (Must be filed by registrar) [illegible] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1942, at 3:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 11 1942, and that I last saw [illegible] alive on June 9, 1942.

Immediate cause of death
Prematurity
Due to
Due to Weight 2 lbs 7 oz.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration: 9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. S. Hensley, Jr.
Address University Hospital Date signed 6-11- M. D.

VS 3

9167

93186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 93136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 Forest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen McCallum (Birth F-50770)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-42

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name George Stewart
13. Birthplace N.C.

MOTHER
14. Maiden Name Willie Jane McCallum
15. Birthplace N.C.

16 (a) Informant Willie Jane McCallum
(b) Address 221 Forest St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location BALTIMORE WOMEN'S SCHOOL JUN 18 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUN 13 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942 at 8:12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to June 10 1942 and that I last saw h[illegible] alive on June 10 19 42

Immediate cause of death	Duration
Atelectasis	
Due to Debility of the Newborn	
Due to Prematurity (28 weeks gestation)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Provident Hospital Date signed 6-11-42 M. D.

VS 3

9168

F 93137 BALTIMORE CITY HEALTH DEPARTMENT F 93137
CERTIFICATE OF DEATH 135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Gaston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GUS CARVER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 50 Months Days If less than one day hr. min.
9. Birthplace Fayetteville N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Margaret Davis
(b) Address 115 N. Bond Street.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 6/15/4[illegible] (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Chas Wilson
(b) Address 1000 Broadway

19 (a) [illegible] (b) (Filled by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 19[illegible] at 7 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Tuberculosis pulmonary
Due to chronic fibroid
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. L. Wollanweber M.D. Asst Medical Examiner.
Date signed 6-11-4[illegible]

VS 6

E 93138 JL- 74532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135 Registered No. E 93138

Please write plainly in ink. Be sure the number of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 W Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Rush, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9914

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17, 1905

8. AGE: Years 36 | Months 7 6 | Days 26 | If less than one day hr. min.

9. Birthplace Md, Baltimore
(Town, county, and state)

10. Usual Occupation unemployed Bookbinder

11. Industry or business Bookmakers

FATHER
12. Name John Rush
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Moore
15. Birthplace Md, Baltimore

16 (a) Informant Mrs. Anna L. Rush
(b) Address 2726 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wells Lamoreau
(b) Address 1903 W. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 1942, at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1942 to 6-13 1942, and that I last saw alive on 6-13 1942

Immediate cause of death

Uremia — Duration 48 hrs

Due to Polycythemia vera & Post operative urinary — Duration 3

Due to Retention — Duration

Other Conditions Pulmonary Tbc? — Duration ?
Wt. Remarkable
(Include pregnancy within 3 months of death)

Date of operation 6-10-42

Major findings of operation: Hemorrhoidectomy

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald Boblett M. D.
Address Balto City Hosp. Date signed 6-13-42

VS 3

F 93139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

F 93139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 W. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Acrens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maude Alice Acrens
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) November 23, 1879

8. AGE: Years	Months	Days	If less than one day
62	6	20	hr. min.

9. Birthplace Indiana
(Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business Miscellaneous Groceries

FATHER
12. Name David Acrens
13. Birthplace Indiana

MOTHER
14. Maiden Name Martha Woods
15. Birthplace Indiana

16 (a) Informant Mrs. Maude A. Acrens
(b) Address 618 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Phillips Lamont
(b) Address 1083-1085 Baltimore St.

19 (a) JUN 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to June 13 1942 and that I last saw him alive on June 13 1942.

Immediate cause of death Coronary Thrombosis — Duration 6 minutes
Due to
Due to Generalized Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Schonfeld M. D.
Address 2301 Annapolis Ave. Date signed 6/15/42

VS 3

F 93140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 93140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Jefferson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Jelinek

3 (b) If veteran, name war	3 (c) Social Security Account No.
------	-----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Herman Jelinek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1874

8. AGE: Years	Months	Days	If less than one day
68	0	19	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Franz Hofmann
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara------
15. Birthplace Germany

16 (a) Informant Mrs. Elsie Shipley
(b) Address 1604 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans Street

19 (a) JUN 15 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13/42 19 at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 19 42.
and that I last saw her alive on June 9 19 42.

Immediate cause of death

	Duration
Hypostatic pneumonia	2
Due to pulmonary edema.	
Due to	
Other conditions Cerebral hemorrhage.	1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Walter L. Sikorsky M.D.
Address 5939 The Alameda Date signed June 15/42

VS 3

F 93141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. F 93141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Oakcrest Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Oakcrest Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Lenetia Clifton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Robert Benton Clifton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12-1862

8. AGE: Years 80 | Months 3 | Days — | If less than one day hr. min.

9. Birthplace Maribile, Missouri (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William A. Brazelton
13. Birthplace Texas

MOTHER
14. Maiden Name Sarah Jane Chestnut
15. Birthplace Texas

16 (a) Informant Mrs. Lola Faye Hunter
(b) Address 3013 Oakcrest Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-1942 (Month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location Kansas City, Missouri

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road

19 (Date received) JUN 15 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12- 1942 at 11:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to June 12th 42
and that I last saw him alive on June 11th 1942.

Immediate cause of death Cardiac Dilatation

Duration

Due to Coronal Arteriosclerosis
(Conditions if any, giving rise to the above cause, stating the underlying cause last.)

Due to same City.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. G. Weiss M. D.
Address 3114 Fords Rd. Date signed 6/13/42

VS 3

F 93142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

F 93142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 E. North ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 9 Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 E. North ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hughes

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name [illegible]
15. Birthplace

16 (a) Informant Mrs. R. Kelly
(b) Address 14 N. Bruce Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director [illegible]
(b) Address 50 E. 25th St.

19 (a) JUN 15 1942 (b) Registered JUN 15 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-1942 at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Spontaneous	
Due to	over
Other Conditions Hardening of brain	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Huddleson M.D.
Medical Examiner.
Date signed 6-13-42

VS 6

93143 — Dr. Tallman 3035 St Paul St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 London Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 London Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Francis Brown

3 (b) If veteran, name war W | 3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Louis Brown | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26. 1887

8. AGE: Years 54 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Solomon Sloathon
13. Birthplace Wales

MOTHER
14. Maiden Name Eva Unknown
15. Birthplace Wales

16 (a) Informant Geo E Brown
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 15. 42 (month) (day) (year)
(c) Cemetery or crematory Pittsburgh
Location Pittsburgh Pa

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St

19 June 15 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to June 14 1942, and that I last saw her alive on June 9 1942.

Immediate cause of death Cancer of uterus — Duration 2 8 mos.

Due to

Due to

Other Conditions Emaciation

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard N. Tallman M. D.
Address 3035 St. Paul St Date signed June 15 42

VS 3

1

F 93144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

526

Registered No. F 93144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 E. Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Fink

3 (b) If veteran, name war –

3 (c) Social Security Account No. 218-10-3342

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of ~~husband or~~ wife Emma Hattie Fink dead 2 yrs 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10-1865

8. AGE: Years 76 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Cabinet maker

11. Industry or business F. X. Granter Co.

FATHER
12. Name John Wm Fink
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs Hafel
(b) Address 2321 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ London Park Cem
Location Frederick Rd

18 (a) Funeral director Milton Schilling
(b) Address 3919 S. Hanover St

19 (a) (b) Huntington Williams M.D. Registrar

JUN 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1942, at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1941 to June 13 1942 and that I last saw ~~him~~ alive on June 13 1942

Immediate cause of death Carcinoma of Urinary Bladder — Duration 2 yrs

Due to

Due to

Other Conditions Cachexia and Secondary Anemia (Include pregnancy within 3 months of death) — Duration 2 Months

Date of operation

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Rosenberg
Address 2025 E Hurtbutt Date signed 6/14/42

VS 2

416984

F 93145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93145 Registered No. 878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Loudon
(c) City or town Arcola (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gordon Hutchison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-14

8. AGE: Years	Months	Days	If less than one day
27	5	[redacted]	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Benj. B. Hutchison
13. Birthplace Va.

MOTHER
14. Maiden Name Eva Mathews
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory
Location Leesburg Va.

18 (a) Funeral director Randall & Humphreys
(b) Address 821 N. Broadway.

19 (a) JUN 15 1942 (Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 6 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to June 15 1942. and that I last saw him alive on June 15 1942.

Immediate cause of death Polyneuritis peripheral, progressive — Duration 1½ yrs.
Due to
Due to
Other Conditions congenital polycystic Kidneys
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: polycystic kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Hinman T.
Address J Hopkins Hosp Date signed 6/15/42

F 93146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 W. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Dallas Roland

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1892

8. AGE: Years	Months	Days	If less than one day
49 50	11	28	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Roland
13. Birthplace North Carolina

MOTHER
14. Maiden Name Matilda Jones
15. Birthplace North Carolina

16 (a) Informant Mary Harris
(b) Address 524 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah C Brown Son
(b) Address 1086 Nippley Mary St Huntington West Virginia

19 JUN 16 1942 (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1942 at 12 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1942 to 6/13 1942 and that I last saw h alive on 6/12 1942

Immediate cause of death Myocardial failure — Duration several months

Due to Enlargement of heart

Due to

Other Conditions Chronic nephritis and cystitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Hunt

Address 1607 A. Mulberry St. Date signed 6/16/42 M. D.

VS 2

F 93147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 848 Ramsay Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 848 Ramsay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Gardner

3 (b) If veteran, name war W

3 (c) Social Security Account No. 1065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1894

8. AGE Years	Months	Days	If less than one day hr.	min.
Over 48				

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Richard Shoemaker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ida (Unknown)
15. Birthplace Unknown

16 (a) Informant Ernie E. Gardner
(b) Address 848 Ramsay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director W. Cook Dee
(b) Address 1217 E. Pratt St

19 (a) JUN 16 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions Coronary Disease Softening of brain (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-10-42

VS 6

JL 73433

F 93148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 F 93148 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 494 0 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 1712 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vanhess Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie T

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1889

8. AGE: Years 52 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Buckingham Co. Va. (Town, county, and state)

10. Usual Occupation ? Meat Cutter

11. Industry or business Unemployed

FATHER
12. Name Angus York Jenkins
13. Birthplace Md

MOTHER
14. Maiden Name Bessie B. Toney
15. Birthplace Md.

16 (a) Informant Mrs Bessie Jenkins
(b) Address 1712 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wm Coe Sons
(b) Address 1214 E Fayette St

19 (a) JUN 16 1942 Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-42 19 , to 6-13 1942 and that I last saw him alive on 6-13 1942.

Immediate cause of death Pulmonary Tbc — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Ross T.
Address Balt City Hosp Date signed 6-16-42 M. D.

VS 3

F 93149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 Registered No. F 93149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 E 22nd. Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 5112 Franklintown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ira T. Fisher

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-9022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pearl Vernida Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 - 1906

8. AGE: Years	Months	Days	If less than one day
36	5	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home Insulator
11. Industry or business Monumental Brick Supply Co

FATHER
12. Name Thomas Scott Fisher
13. Birthplace Virginia

MOTHER
14. Maiden Name Irona May Pierce
15. Birthplace Unknown

16 (a) Informant Mrs Pearl V Fisher
(b) Address 5112 Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) JUN 16 1942 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1942 at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Electrocution	
Due to	
Due to	
Other Conditions Burns	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-13-42 at 10 A.M.
(c) Where did injury occur? 444 E. 22nd St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home Industry (Specify type of place) While at work? Yes
(e) Means of injury Electricity slipped + grasped wires

23. Signature Harold J. Muller M.D. Medical Examiner.
Date signed 6-14-42

VS 6

F 93150

Ullon

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d F 93150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7819 Wise Ave - Dundalk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifford Ullon Ullom

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-09-5964

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel T Ullom

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1884

8. AGE: Years 58 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Monongahela W Va (town, county, and state)

10. Usual Occupation Shearman

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Samuel Ullom
13. Birthplace Monongahela W Va

MOTHER
14. Maiden Name Elizabeth Lymyer
15. Birthplace Monongahela W Va

16 (a) Informant Mabel T Ullom
(b) Address 7819 Wise Ave Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Cem
Location Baltimore Md

18 (a) Funeral director Ullom & Co
(b) Address 1219 E Fayette St

19 JUN 16 1942 (b) Registrar

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 at 1250 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 13 1942 and that I last saw him alive on June 13 1942

Immediate cause of death: Hemorrhaging Aneurysm of Aorta — Duration: 6 days

Due to: Arteriosclerosis Cardiovascular Disease

Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Hemorrhaging Aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Jamison M. D.
Address Mercy Hospital Date signed 6-13-42

F 93151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836 F 93151 Registered No.

E.S. (66048)

The ... should be carefully supplied. ... please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 0 28 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Howard

3 (b) If veteran, name war

3 (c) Social Security Account No. 2501-7733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Robert (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, ? [illegible]

8. AGE: Years	Months	Days	If less than one day
64?	11	15?	hr. min.

9. Birthplace Washington, D. C.
(City, county, and state)
10. Usual Occupation Janitress
11. Industry or business

FATHER
12. Name William H. Jenkins
13. Birthplace Md.

MOTHER
14. Maiden Name Frances, Lee
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Westport

18 (a) Funeral director John R. Peary
(b) Address 1245 Leeds Ave. Huntington Williams, M.D.

19 (a) JUN 16 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1942 at 7:[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1942 to 6-14 1942, and that I last saw h[illegible] alive on 6-14 1942

Immediate cause of death
Bronchopneumonia
Cerebral thrombosis
Due to Arteriosclerosis, generalized

Duration
1 week
9 days
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Carter M. D.
Address Balto. City Hosp. Date signed 6-15-42

VS 8

F 93152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 93152

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 460 S. Bentalou St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 460 S. Bentalou St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIE MAY HOOPER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John T. Hooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1873

8. AGE: Years	Months	Days	If less than one day
68	7	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name James J. MacFarlane

13. Birthplace Windsor, Conn.

MOTHER

14. Maiden Name Sarah Randall

15. Birthplace Randallstown, Md.

16 (a) Informant Mrs. Katherine H. Coleman

(b) Address 460 S. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Aves.

19 (a) JUN 16 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1942, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1942 to June 14 1942 and that I last saw her alive on 6/13 1942.

Immediate cause of death

Pulmonary Edema — Duration 12 hrs

Due to Cardio-Vascular-Renal disease — 10 yrs

Due to

Other Conditions Appendectomy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. Tickner Coleman

Address 1901 Eutaw Pl Date signed 6/17/42

VS 8

F 93153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

F 93153

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 902 N. Madeira St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~None~~

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 902 N. Madeira St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Louis Padouk

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Josephine Padouk

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 21, 1880

8. AGE: Years 61 | Months 11 | Days 23 | If less than one day: hr. min

9. Birthplace: Bohemia (town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business:

FATHER

12. Name: Vaclav Padouk

13. Birthplace: Bohemia

MOTHER

14. Maiden Name: Mary Sirus

15. Birthplace: Bohemia

16 (a) Informant: Josephine Padouk

(b) Address: 902 N Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Gate Md

18 (a) Funeral director: Frank Leach & Son

(b) Address: 900 N. Chester St

19 JUN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942, at 7.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1940 to June 13 1942 and that I last saw him alive on June 12 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis.	3 yrs.
Due to	
Due to	
Other Conditions Diabetes	3 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis Singerman

Address 1613 E. North Ave. Date signed 6-15-42

VS 3

E 93154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

122 of E 93154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Lindinsky (LIDINSKY)

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank J. Lidinsky
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 6, 1881

8. AGE: Years	Months	Days	If less than one day hr.	min
61	1	8		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Hara
13. Birthplace Bohemia

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Frank J. Lidinsky Sr.
(b) Address 540 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Frank Gorsch & Son
(b) Address 900 N. Chester St

19 JUN 16 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1942 to 6/14 1942 and that I last saw her alive on 6/14 1942

Immediate cause of death: Intestinal Obstruction — Duration —
Due to
Due to Strangulated Hernia, Umbilical Hernia — Duration 24 hrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6/14/42
Major findings of operation: Strangulated Hernia
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vozek Jr. M.D.
Address St Josephs Hosp Date signed 6/14/42

F 93155

417192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 93155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 1218 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Dixon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-03

8. AGE: Years 38 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Albert Dixon
13. Birthplace ?

MOTHER
14. Maiden Name Mary Louis
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location R.R. 6 Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 JUN 16 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942 to June 12 1942 and that I last saw him alive on June 12 1942

Immediate cause of death: Pneumonia
Type 4 pneumo
Due to: Leucopenia

Duration: 9 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hosp Date signed 6/13/42

VS 8

F 93156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47c F 93156 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lan Top Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3717 Beech Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

13

3 (a) FULL NAME Dr. Frederick W. Hobelmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise Hennighausen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	2	14		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Herman H. Hobelmann
13. Birthplace Germany

MOTHER
14. Maiden Name Dorthea Rippley
15. Birthplace Baltimore Md

16 (a) Informant Mrs Louise Hobelamnn
(b) Address 3717 Beech Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

19 (a) JUN 16 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1942, at 5:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1, 1942, to 6/14, 1942, and that I last saw him alive on 6/14, 1942.

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Kilpatrick M. D.
Address Mercy Hospital Date signed 6/17/42

VS 8

F 93157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Dolphin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 710 Dolphin St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Fannie Howell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	married

6 (b) Name of husband or wife Stephen Wells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Charles H. Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Stevens
15. Birthplace Md

16 (a) Informant Stephen Wells
(b) Address 710 Dolphin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1003 Preasleman

19 (a) JUN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1942 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 12 1942 and that I last saw S/he alive on June 12 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension Cardio-Vascular Renal

Due to Uraemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eustace Penn M. D.
Address 803 W Franklin Date signed June 16

VS 3

F 93158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Hardy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H. Hardy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1864

8. AGE: Years	Months	Days	If less than one day
77	11	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Murty
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Howard Burrows
(b) Address 2020 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Miller & Amoreau
(b) Address 1005 W. Baltimore St.

JUN 16 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 42, at 9.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1940, to June 13 19 42, and that I last saw h er alive on 6-12 19 42.

Immediate cause of death
Arteriosclerotic Cardio-Vascular Disease — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. D. Allen M. D.
Address 423 E. North Ave. Date signed

VS 2

F 93159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166F 93159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas E. Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-16-7437

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20-1920

8. AGE: Years	Months	Days	If less than one day
22	4	23	2 hr. min.

9. Birthplace Rockdale Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charles Goodman

13. Birthplace Va

MOTHER 14. Maiden Name Martha Wright

15. Birthplace Va

16 (a) Informant Martha Goodman

(b) Address 521 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A A Co Md

18 (a) Funeral director Robert E. Williams

(b) Address 1725 Mc Elderry St

19 JUN 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-1942 at 7.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage of Heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-12-42 at 7.20 P. M
(c) Where did injury occur? In room 7 1418 N. Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Firearm

23. Signature Howard I. Alexander M.D. Medical Examiner

Date signed 6-13-42

VS 6

F 93160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93160 Registered No.

Type or print plainly with indelible pencil. Make no erasures. Be sure that every question is answered and that the certificate of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 46 S. Franklintown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA G WILLD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Husband

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 16 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Millvale, Pennsylvania

18 (a) Funeral director Frederick D. Miller, Inc.

(b) Address 3018 E. Monument St. Baltimore, Md.

JUN 16 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942; at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D. by Medical Examiner.

Date signed 6-15-42

VS 6

F 93161

JL 74206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

F 93161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Dys
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Pearl St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Scribner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Sep.

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73		15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Scribner
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Thomas
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 (month) 19 42 (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Walter B. Sipes

18 (a) Funeral director
(b) Address 139 Wyoming St.

19 (a) JUN 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1942 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1942 to 6-15 1942, and that I last saw h- alive on 6-15 1942.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to: Benign prostatic hypertrophy — Duration: ?

Due to:

Other Conditions: Hypertension C.V. Renal (Include pregnancy within 3 months of death)

Date of operation 6-5-42

Major findings of operation: Benign prostatic hypertrophy

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-16-42

VS 8

F 93162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93162 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. Stonesifer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5098

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nelson Stonesifer
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	28	27 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Cleark
11. Industry or business Archers Laundry

FATHER
12. Name Wm. Holmes
13. Birthplace England

MOTHER
14. Maiden Name Mary K. Forney
15. Birthplace Baltimore Md.

16 (a) Informant Nelson Stonesifer
(b) Address 1931 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 JUN 18 1942 (Date rec'd by Local Registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1941 to June 13 1942 and that I last saw h[illegible] alive on June 13 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 1 day
Hypertensive Cardiovascular — 10 yrs.
Due to Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St. Date signed 6/13/42

VS 3

F 93163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

465 F 93163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 W Conway St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W. Conway St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GRANT JACKSON

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Margaret Jackson
6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1881

8. AGE: Years 61 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Washington, D.C.

16 (a) Informant Marie Thomas
(b) Address 506 Conway Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Wm Katie R Williams
(b) Address 2299 N. Johnson St

19 (a) (Date rec'd by registrar) JUN 16 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1942 at 4:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Carcinoma of stomach
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. (Medical Examiner.)
Date signed 6-13-42

VS 6

JL 74464
F 93164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d Registered No. F 93164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

19

3 (a) FULL NAME Lucy Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Sep.

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
51	11	29	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Oliver
13. Birthplace N. C.

MOTHER
14. Maiden Name Victoria ?
15. Birthplace N.C.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

(c) Filed JUN 16 1942 (d) Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1942, 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1942 to 6-14 1942, and that I last saw her alive on 6-14 1942

Immediate cause of death	Duration
Uremia	10 days
Due to Hypertensive Cardio-vascular Disease	yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stebbins
Address Balto City Hosp Date signed 6-16-1942 M.D.

VS 8

W 93165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

316 F 93165
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson, Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: M
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: 12 Months: Days: If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business
FATHER 12. Name Wm Johnson Sr.
13. Birthplace Charlotte Co. Hous Va
MOTHER 14. Maiden Name Mattie Raines
15. Birthplace Charlotte Co. House, Va
16 (a) Informant William Johnson Sr
(b) Address 1613 W. Saratoga St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Mac Kate R Williams
(b) Address 3 [illegible] Huntingtown Md
19 (a) JUN 16 1942 (b) Huntington Williams Jr (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 15 1942, and that I last saw [illegible] alive on June 15 1942.

Immediate cause of death Pulmonary Congestion
Due to Cardiac Hypertrophy
Due to Chronic Glomerulo-Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Chronic Glomerulo Nephritis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Hunter, Jr. M. D.
Address [illegible] Hospital Date signed 6-13-42

VS 8

A

F 93166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d F 93166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NANNIE C. GIBSON

3 (b) If veteran, name war

3 (c) Social Security Account No:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Benjamin F. Gibson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/21/61

8. AGE: Years	Months	Days	If less than one day
81	2	24	hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm. Smith
13. Birthplace England

MOTHER
14. Maiden Name Alton
15. Birthplace England

16 (a) Informant Mrs. Charles C. White
(b) Address 101 N. Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. + Longwood St Balto Md.

18 (a) Funeral director Harry H. Watts
(b) Address 1 E Edmondson Ave

19 JUN 16 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamaker M.D. Medical Examiner.
Date signed 6-15-42

VS 6

F 93167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 93167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs, mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Umbach. (Birth F - 51 - 31)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14. 1942

8. AGE: Years | Months | Days | If less than one day: hr. min.
1

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation New born.
11. Industry or business

FATHER
12. Name Richard Umbach
13. Birthplace Ft Wayne Ind

MOTHER
14. Maiden Name Helen Roslen
15. Birthplace Burrows Ind

16 (a) Informant Richard Umbach
(b) Address 705 Washington St Towson

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Longsport Ind.
Location

18 (a) Funeral director Harry H Wetzke
(b) Address Edmondson Ave
JUN 16 1942

19 (a) (Date rec'd by registrar) (b) Huntington Pikesville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 15 1942 at 3 39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1942, to 6-15 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Intracranial Hemorrhage	1 dy
Due to Prematurity.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

M.D. Signature Ruth F. Timm M.D.
Address University Hospital Date signed 6-15-42

VS 1

F 93168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 167 F 93168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No. 414-18-0992

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.

8. AGE: Years 20 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Huntsville, Alabama. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lee Townsend
13. Birthplace Alabama

MOTHER
14. Maiden Name Dannie Ford
15. Birthplace Alabama

16 (a) Informant Pencia Jones
(b) Address 614 W. 16 St. Chattanooga, Tenn.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-16-1942 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Burial Mt. Calvary
Location Anna Arundel County

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Mosher St. Balto. Md.

JUN 16 19[illegible] (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942 at 2 00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Stab wound of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence June 6 1942 at 1:45 A.M.
(c) Where did injury occur? 224 Myrtle Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Stabbed

23. Signature Robert Lee Preston M.D. (Medical Examiner)
Date signed June 6 1942

VS 6

F 93169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4698 F 93169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Talbot
City or town St. Michael's
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME CARL GEILING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth Bladas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1874

8. AGE: Years	Months	Days	If less than one day
67	6	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired LHS Keeper
11. Industry or business

FATHER
12. Name Joseph Geiling
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Von Heickert
15. Birthplace Germany

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 42 (month) (day) (year)
(c) Cemetery or crematory St Michaels Md
Location John O. Mitchell Store

18 (a) Funeral director 1900 Eutaw Place
(b) Address Baltimore, Md.
JUN 16 1942 (b) Limiting from Williams M.D.
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1942, at 8:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1942 to June 16, 1942, and that I last saw him alive on June 16, 1942

Immediate cause of death: Adeno carcinoma of head of pancreas with metastasis to liver — Duration: Unknown.
Due to Cardiac disease myocarditis, chronic. — Duration: Unknown.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 6/16/42

93170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry C. Burke

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1883

8. AGE: Years 59 | Months 2 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Burk
13. Birthplace ?

MOTHER
14. Maiden Name Louise Wollrab
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Balto. Md.
18 (a) Funeral director A. Boyd Evans
(b) Address 1402 N. Charles St.
19 (a) (Date filed by registrar) JUN 16 1942 Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1942 at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1942 to 6-11 1942, and that I last saw h alive on 6-11 1942.

Immediate cause of death: Cardiac Failure — Duration: 7
Due to Arterio-sclerotic Cardio-Vascular Disease — Duration: ?
Due to
Other Conditions Gangrene both legs — Duration: ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald A. Kelly M. D.
Address Balto City Hosp Date signed 6-12-42

93171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1756

Registered No. E 93171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Whitemarsh (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH BENIK or Juozas Benikas

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Brigita Benik

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years About 64 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Self

FATHER
12. Name ?
13. Birthplace Lithuania

MOTHER
14. Maiden Name ?
15. Birthplace Lithuania

16 (a) Informant Stanley Benik
(b) Address 1613 Entree Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd - Brooklyn

18 (a) Funeral director John A. Grebliunas, Jr.
(b) Address 423 S. Paca St.

19 (a) JUN 16 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942 (Month) (Day) (Year) M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary embolism

Due to: Fracture, right clavicle & 3rd rt. rib

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation: no

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 3, 1942 — M
(c) Where did injury occur? Rt. 40 Whitemarsh Balt. Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm (Specify type of place) While at work? Yes
(e) Means of injury Overturned between horse & fence

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 6-15-42

VS 6

F 93172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d

F 93172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Light Street
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Reynold Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Francis Kutchey

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-3729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose Kutchey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1915

8. AGE: Years	Months	Days	If less than one day
26	11	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Fairfield Shipyard

FATHER
12. Name John Kucicz
13. Birthplace Poland

MOTHER
14. Maiden Name Eva Anthienicz
15. Birthplace Poland

16 (a) Informant Rose Kutchey
(b) Address 1408 Reynold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 401 S. Chester St

19 (a) JUN 16 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1942, at 12 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1942 to 6-14 1942, and that I last saw him alive on 6-14 1942.

Immediate cause of death: cardiac failure — Duration

Due to Carcinoma Rectum - sigmoid junction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-11-42

Major findings of operations: Carcinoma of rectum - sigmoid junction

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert H. Slaw M. D.
Address So. Balto. Gen. Hosp. Date signed 6/14/42

F 93173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 W. Clement St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W Clement St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY FLAUAUS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEM

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife WILLIAM FLAUAUS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 26 1865

8. AGE: Years 76 | Months 9 | Days 21 | If less than one day 20 hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name Do Not Remember
13. Birthplace Germany.

MOTHER
14. Maiden Name Do Not Remember
15. Birthplace Germany

16 (a) Informant WILLIAM FLAUAUS
(b) Address 104 W CLEMENT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN.
Location WOODLAWN. MD

18 (a) Funeral director Mrs Chas A G Rohde
(b) Address 2327 Edmondson Ave

19 (a) JUN 16 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 16 1942 at 3:29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942, to June 1942
and that I last saw h Her alive on June 5 1942.

Immediate cause of death Heart failure
Coronary occlusion

Due to Arteriosclerosis -
Hypertension -

Due to

Other Conditions Senile Debilities

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7 years
apprx 15

2 years
2 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence / / at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? / While at work?
(Specify type of place)
(e) Means of injury
23. Signature H Huntington
Address 2301 Eutaw Pl. Date signed 6-16-42 M. D.

MFR 55062

SOCIAL - 215-09-3413

93174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

Registered No. 93174

1. PLACE OF DEATH:

(a) Baltimore City, Maryland — 4940 Eastern Ave.

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 19

(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1138 Locust Point (If rural give location) 2421

(e) Citizen of foreign country? (Yes or No) If yes, name country

1528 Fairfield Park Terrace

3 (a) FULL NAME John Lesneski (LESNIEWSKI)

3 (b) If veteran, name war — No.

3 (c) Social Security Account No. 215-09-3413

4. Sex M

5. Color or race W

6 (a) Single, married, ~~widowed, or divorced~~ Separated

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~May 24, 1887~~ June 24, 1887

8. AGE: Years ~~60~~ 54 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Julius Lesneski

13. Birthplace Poland

MOTHER 14. Maiden Name Marcella ?

15. Birthplace Poland

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem.

Location Balto Co., Md.

18 (a) Funeral director Charles F Dill.

(b) Address 1501 E. Fort Ave

19 (c) JUN 16 1942 Registrar Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15- 1942 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26- 1940, to 6-15- 1942, and that I last saw h im alive on 6-15 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 6 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. F. Ruebhausen M. D.

Address Balto. City Hosp. Date signed 6-15-42

VS 3

93175 HEALTH DEPARTMENT—CITY OF BALTIMORE 93175

CERTIFICATE OF DEATH

Registered No. 93d

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E. Fort Ave. Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lilly Angela Faber

If U. S. Veteran specify WAR

(a) Residence: No. 619 E. Fort Ave. St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Faber.

6. DATE OF BIRTH (month, day, year) 1/6/1867

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mrs. Geo. Faber

(Address) 619 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date 6/19 19[illegible]

19. UNDERTAKER J. J. McCurdy

(Address) 20 E. Fort Ave

20. FILED JUN 19 1942 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from January 2, 19[illegible] to June 14, 19[illegible]

I last saw her alive on June 13, 19[illegible] Death is said to have occurred on the date stated above, at 5:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	5 yrs.
Other contributory causes of importance: Cerebral Hemorrhage	5-26-42

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hollander M. D.

(Address) 707 E. Fort Ave.

Instructions on back of certificate. Exact statement

F 93176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Linden ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Linden ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Ann Berry

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-1888

8. AGE: Years 54 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Helen Wise
(b) Address 1104 Linden ave

17 (a) Burial (b) Date thereof 6 17 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Cem
Location Arbutus, Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) (b) Huntington Williams
(Date received by registrar) (Registrar)
JUN 17 1942
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1942 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10-42 to 6-14-42 1942
and that I last saw him alive on 6-14-42 19

Immediate cause of death
(a) Uremia Cholera or Carcinoma 24 days
Due to Interstitial Nephritis
(b) and Hypertension about 3 years.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Gunn M. D.
Address 522 N. Arlington Ave Date signed 6/14/42

F 93177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LAMPHIER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: About 64 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace: Mt Carr MD (Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business

FATHER
12. Name: George F Lamphier
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Lennie March
15. Birthplace: Md

16 (a) Informant: Mrs Pearl F Lafferford
(b) Address: 211 London Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/17/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Baltimore MD

18 (a) Funeral director: W M Cook Jr
(b) Address: 1219 E Pratt St

19 (a) JUN 17 1942 (Date received by Registrar)

Registrar

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 42 at 1 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Uremia, Brain	
Due to Meningitis, purulent	
pneumococcic	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: T. H. Wollenweber Asst. Medical Examiner
Date signed 6-15-42

T. Hamilton Williams, M.D.

F 93178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1862

F 93178
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St - Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 620 N. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ella Shawen

3 (b) If veteran, name war: N
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1862

8. AGE: Years	Months	Days	If less than one day
79	9	3	hr. min.

9. Birthplace Frederick Co Md (Town, county and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John D. Thompson
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John D. Shawen
(b) Address 620 N. Pulaski St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilhelm Colby Jr
(b) Address 1219 E. Fayette St
19 (a) JUN 17 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 9:02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to June 16 1942 and that I last saw h[illegible] R alive on June 16 1942.

Immediate cause of death: Acute Cardiac Decompensation

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions: Fracture of Neck of Rt. femur (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 5, 1942
(c) Where did injury occur? 620 N. Pulaski St Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place) Fell down stairs in store
(e) Means of injury Fracture of neck of Rt. femur

23. Signature Howard J. Andrews M.D.
Address Md. General Hospital Date signed 6/16/42 M. D.

VS 3

Howard J. Andrews M.D.

F 93179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓47c

F 93179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Ref mure Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 3613 Ref mure Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Grant

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-03-9549
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary M. Grant
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) June 16, 1887
8. AGE: Years 54 | Months 11 | Days 28 | If less than one day: hr. min.
9. Birthplace Denver, Colo (Town, county, and State)
10. Usual Occupation Engineering Manager
11. Industry or business Theaters Electric

FATHER
12. Name John Grant
13. Birthplace Scotland

MOTHER
14. Maiden Name Janet Smith
15. Birthplace Scotland

16 (a) Informant Mary Grant
(b) Address 3613 Ref mure Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
18 (a) Funeral director Wilbur Cook Inc
(b) Address 1219 St Paul St
19 (a) JUN 17 1942 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942, to June 16 1942, and that I last saw h[illegible] alive on June 16 1942.

Immediate cause of death: Bronchogenic Carcinoma Right Lung. ? — Duration: 6 mo.
Due to ?
Due to ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: ✓
of autopsy: Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robt. B. Wright M. D.
Address Medical Arts Bldg. Date signed 6/16/42

VS 3

F 93180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164a

F 93180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Hillen St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Hillen St. - Rooming
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Frederick Kaff. Kaff

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 212-05-1623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Hannah Wilson Kaff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27, 1887

8. AGE: Years	Months	Days	If less than one day
54	6	21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Metal Worker
11. Industry or business Stephen L. Fisher Co

FATHER
12. Name Samuel Kaff
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Jennie McCormack
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Clara Wolf, sister
(b) Address 1939 Hollins Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-6-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Wellington Cook Inc
(b) Address 1217 N. Paul St.

19 (a) JUN 17 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1942; at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death
Asphyxiation
Due to
Hanging
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-16- 42 at A M
(c) Where did injury occur? 1025 Hillen Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Body suspended by rope

23. Signature Howard J. Sheeler M.D.
Medical Examiner.
Date signed 6-16-42

VS 6

F 93181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

F 93181
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga St.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 McKean (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Lynch

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1940

8. AGE: Years 1 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Walter L. Lynch
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary McDermott
15. Birthplace Baltimore Md

16 (a) Informant Walter Lynch
(b) Address 1531 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Pelham Funeral Home
(b) Address 1219 E. Fayette St

19 JUN 17 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1942 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1942 to June 16 1942 and that I last saw h[illegible] alive on June 16, 1942.

Immediate cause of death
Pylorospasm
Gastritis
Due to
Due to
Other Conditions Circulatory Collapse
(Include pregnancy within 3 months of death)

Duration
3 weeks
1 hour

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hen. Earl Keeler, M. D.
Address Mercy Hosp. Date signed June 16 42

VS 8

F 93182 | F 93182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 304 da
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James McGrath 68239

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	8	26		

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Daniel
13. Birthplace Canada

MOTHER
14. Maiden Name Laura Deboe
15. Birthplace Candda

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 17/42 (Month) (day) (Year)
(c) Cemetery or crematory Oak Grove
Location Medford, Mass
18 (a) Funeral director Maynard, Flynn
(b) Address 142 [illegible]
(Date received) 1942 (Local registrar) (b) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 7:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1941 to June 16 1942 and that I last saw him alive on June 16 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 8 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp. Date signed 6-16-42

93183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 93183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Eutaw Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)
(d) Street No. 1105 McElderry St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 62 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 17 1942 [illegible] Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 42 at 11 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to June 13 1942 and that I last saw ~~him~~ alive on June 13 1942

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Dorsey Gross M. D.
Address Mercy Hospital Date signed June 15, 1942

VS 2

9170

M. D. B. 1268-0

93184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93184

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2234- W. North Ave. (St.) (Ward) 17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Deetz.

(a) Residence: No. 2234 - W. North St. Ward. (Birth F-51045)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Baby.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/42

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or ... min.
Premature	9 hours	Died	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jno. J. Deetz.

14. BIRTHPLACE (city or town) (State or country) Buckhannon, W. Va.

MOTHER

15. MAIDEN NAME Irene Wilfong

16. BIRTHPLACE (city or town) (State or country) Buckhannon, W. Va.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL JUN 17 1942 19

19. UNDERTAKER Commissioner of Health

(Address)

20. FILED JUN 17 1942 Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15/ , 1942.

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on 6/15 , 19 42 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Cardiac Syncope.	

Other contributory causes of importance:

(Premature)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Needle M. D.

(Address) 2314 - W. North Ave

91 74

OCCUPATION is very important. See instructions on back of certificate.

93185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1602

F 93185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Woman Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4419 Mobb Hill Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Farmilo (Birth F-51037)

3 (b) If veteran, name war —

3 (c) Social Security Account No. — —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 12 hr. 15 min.

9. Birthplace Baltimore Md. (City or town) (State)

10. Usual Occupation Woman's Hospital

11. Industry or business —

FATHER
12. Name Howard Stuart Farmilo
13. Birthplace —

MOTHER
14. Maiden Name Margaret Foote
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address —

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 17 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 17 1942 (Date filed by Registrar) [signature] Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1942 to 6-13 1942, and that I last saw him alive on 6-13 1942.

Immediate cause of death Respiratory failure — Duration —
Due to Intracranial hemorrhage — life
Due to fibrillar atelectasis of lung — prematurity
Other Conditions Congenital atresia of internal organs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Women's Hospital Date signed 6-17-42

VS 3

F 93186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 93186

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Buckler Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie Switzer
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 29, 1872

8. AGE: Years	Months	Days	If less than one day
70	0	17	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Life Insurance
11. Industry or business Salesman

FATHER
12. Name J. Badger Brown
13. Birthplace North Carolina

MOTHER
14. Maiden Name Catherine Parr
15. Birthplace Virginia

16 (a) Informant Mrs. Elsie S. Brown
(b) Address 1501 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Green Mount Ave. & Oliver St

18 (a) Funeral director H. W. Mears and Son
(b) Address 847 N. Calvert Street

19 (a) JUN 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16-42 19 at 7.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 16 1942 and that I last saw him alive on June 16 1942.

Immediate cause of death Arterio-Sclerotic heart disease — Duration 4 years

Due to generalized arterio-sclerosis

Due to

Other Conditions Ruptured duodenal ulcer 5 peritonitis (Include pregnancy within 3 months of death) — Duration 1 day

Date of operation 6-15-42

Major findings of operation: Multiple duodenal ulcers, colon & ruptured and

of autopsy: peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Marbitt Jr.
Address Union Memorial Hosp. Date signed 6-16-42 M.D.

VS 3

F 93187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

F 93187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 Kennedy Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street or 1916 Kennedy ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose May Sperzel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17th 1865

8. AGE: Years	Months	Days	If less than one day
77 74	4	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business - - -

FATHER
12. Name Aloysius Sperzel
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Floren
15. Birthplace Germany

16 (a) Informant Mrs Dora J. Sperzel
(b) Address 1916 Kennedy Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Myers & Son
(b) Address 2059 N. Calvert St

19 JUN 17 1942 (b) Huntington Williams, M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16/42 19 at 2:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Acute Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh H. McNulty M.D. Medical Examiner.
Date signed 6/16/42

VS 6

F 93188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 167

F 93188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OBEY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-8232

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1912

8. AGE: Years	Months	Days	If less than one day
30	2	18	hr. min.

9. Birthplace Birmingham, Alabama (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown Johnson
13. Birthplace "

MOTHER
14. Maiden Name Helen Ross
15. Birthplace Unknown

16 (a) Informant Mrs. Myrtle Johnson
(b) Address 1209 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Wm. Francis J. Kennedy
(b) Address 5 E. W. Mt. Street Williams, M.D.

19 (a) JUN 17 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942 6 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shot wounds of abdomen	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation 6-14-42
Major findings of operation: None
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence June 14, 1942 1 a M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shotgun wound

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-15-42

VS 6

Write Burial Director

F 93189

417050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

F 93189

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Fairfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Coates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Hattie Coates
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Matthew Coates
13. Birthplace Egypt

MOTHER
14. Maiden Name Annie Smith
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory Lethbus Hill
Location Elkridge, Balto., Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUN 17 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 15 1942 and that I last saw ~~him~~ alive on June 15 1942

Immediate cause of death Septicemia — Duration

Due to Abcesses of penis, scrotum & perineum.

Due to

Other Conditions Acute myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce J. Tracy M. D.
Address Johns Hopkins Hospital Date signed 6-15-42

V8 3

F 93190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. F 93190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 W. Barre St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elenora Anderson Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Wm. H. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	3	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant William H. Scott
(b) Address 630 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Baltimore St.

19 JUN 17 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1942 at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-1942 to 6-15-1942 and that I last saw h[illegible] alive on 6-15-1942.

Immediate cause of death	Duration
Cardiac Dilatation.	
Due to Chron. Myocarditis	
Due to Vascular, Renal disease	
Other Conditions Chron. Ulcers of legs.	

(Including pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wm. R. Boykin
Address 1135 Gilmor Date signed 6/16/42

VS 3

F 93191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1210

F 93191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 N.Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N.Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Mercl

3 (b) If veteran, name war -------
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith K.Mercl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.19,1875

8. AGE: Years	Months	Days	If less than one day
66	8	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Mercl
13. Birthplace Austria

MOTHER
14. Maiden Name Louise -------
15. Birthplace Austria

16 (a) Informant Mrs.Edith K.Mercl
(b) Address 813 N.Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans Street

19 (a) JUN 17 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th. 1942 at 4.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to June 15 1942 and that I last saw her alive on June 12 1942

Immediate cause of death: Cardiac Thrombosis — Duration 2 days

Due to Chronic Nephritis — Duration 6 mos

Due to Hypertension — Duration 6 mos

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Hawkins
Address 18 Bond St. Date signed 6/16/42

416999 F 93192

BALTIMORE CITY HEALTH DEPARTMENT

F 93192 CERTIFICATE OF DEATH

54B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Ewatia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Crayeroft

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mildred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-98

8. AGE: Years	Months	Days	If less than one day
43	8	11	hr. min.

9. Birthplace Ill (Town, county, and state)
10. Usual Occupation Orange Grower
11. Industry or business

FATHER 12. Name Edgar Crayeroft
13. Birthplace Ind.

MOTHER 14. Maiden Name Dora Crayeroft
15. Birthplace Ill

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 42 (month) (day) (year)
(c) Cemetery or crematory Eastis Cem.
Location Eastis Cemetery

18 (a) Funeral director John O Mitchell Funeral
(b) Address 900 Eutaw St.

(Date rec'd 1942) (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

28. DATE OF DEATH June 16 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to June 16 1942 and that I last saw h alive on June 16 1942

Immediate cause of death Pneumonia — Duration
Due to Prolonged coma
Due to Brain Tumor
Other Conditions
over

(Include pregnancy within 3 months of death)
Date of operation 6-4-42
Major findings of operations: Brain Tumor
of autopsy: Brain Tumor, Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J J Sherman M.D.
Address Johns Hopkins Hosp. Date signed 6-17-42 M. D.

VS 3

F 93193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

F 93193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo 13 dy.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronny Walden (Birth F - 41546)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1941

8. AGE: Years	Months	Days	If less than one day
	5	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert Walden
13. Birthplace North Carolina

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Robert Walden
(b) Address 1626 Westwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary
Location Lynch Rd

18 (a) Funeral director Geo. W. Kelson
(b) Address 1303 Presstman St. Huntington Williams, MD

JUN 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to June 15 1942 and that I last saw h[illegible] alive on June 15 1942.

Immediate cause of death Cardiac dilatation — Duration

Due to Congenital Cardiac Hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Bradham Higgins M. D.
Address 2243 Madison Ave Date signed 6/16/42

VS 3

F 93194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 93194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JOHN GAFFORD YOUNG

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Goldie G. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1868

8. AGE: Years	Months	Days	If less than one day
74	4	1	hr. min.

9. Birthplace Portsmouth, England
(Town, county, and state)
10. Usual Occupation Retired - repair man
11. Industry or business Balto. Transit Co.

FATHER
12. Name Wm. T. Young
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Rose Simpson
15. Birthplace England

16 (a) Informant Mrs. Goldie G. Young, wife
(b) Address 2717 W. North Ave.

17 (a) Burial (b) Date thereof June 16 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address [illegible] & Pa. Aves.

19 (a) JUN 17 1942 (b) Huntington Will Registrar, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1942, at 2 o'clock P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. L. Cohen M. D.
Address 2757 W. North Ave. Date signed 6/16/42

Howard J. Mabley M.D. Coroner

F 93195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

Registered No. F 93195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 N. Pulaski St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town N Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Butler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 68 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Freda
15. Birthplace Russia

16 (a) Informant D. Butler - Son
(b) Address 1609 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Jerusalem Rd. Rog.

18 (a) Funeral director Jas C Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JUN 17 1942 (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-42 19 , at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to 6-17 1942
and that I last saw h[illegible] alive on 6-17 1942

Immediate cause of death Carcinoma of Breast - Removed with Metastases. — Duration 9 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Cooper, MD
Address 2107 Park Ave Date signed 6/19/42

VS 3

F 93196
41753-2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V830

F 93196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 E. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Segal (Tadeus Zegales (ZHEGALISH))
3 (b) If veteran, name war
3 (c) Social Security Account No.
MEDICAL CERTIFICATION ZYGELES

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 19-42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD

18 (a) Funeral director BERNARD C HARLÉ
(b) Address 121 E WEST ST.

19 (a) JUN 17 1942 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 8

20. DATE OF DEATH JUNE 16 1942 at 445 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 14 1942 to JUNE 16 1942 and that I last saw HIM alive on JUNE 16 1942.

Immediate cause of death cerebro-vascular accident — Duration 2 da.
Due to hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Hirman M.D.
Address J. Hopkins Hosp. Date signed 6-17-42

Please write or type. Be sure death is registered and certificate filed before burial or removal. Be sure cause of death is clearly and legibly.

F 93197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83a

F 93197
Registered No.

The ... should be carefully supplied. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 S.CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S.CLINTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY KUPFRIAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ANNA M.KUPFRIAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG.8 1866

8. AGE: Years 75 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED CARPENTER

11. Industry or business FOR SELF

FATHER
12. Name HENRY KUPFRIAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET SCHEFFNER
15. Birthplace GERMANY

16 (a) Informant ANNA M.KUPFRIAN (WIFE)
(b) Address 625 S.CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 18/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler Inc.
(b) Address 403 S.WOLFE ST.

19 (a) JUN 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 14 1942 at 8/45 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to June 14 1942
and that I last saw h[illegible] alive on June 13 1942

Immediate cause of death — Arteriosclerosis — Duration 1 yr

Due to Coronal Thrombosis — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward H. Coons M.D.
Address 2S-30 E Baltimore Date signed 6/15/42

VS 3

F 93198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

F 93198
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1609 W. Fayette St. Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna (La Buda) LABUDA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Stephen Labuda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1906

8. AGE: Years	Months	Days	If less than one day
33	8	14	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Butnovich
13. Birthplace Lithuania

MOTHER
14. Maiden Name Mary Miarski
15. Birthplace Penna.

16 (a) Informant Stephen Labuda
(b) Address 1609 W. Fayette St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month) (day) (year)
(c) Cemetery or crematory
Location Wilkes-Barre, Pa

18 (a) Funeral director John J. Connelly
(b) Address 418 Eastern Ave. (Use) Huntington Williams, M.D.

19 JUN 17 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1942 at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1942 to 6/15 1942 and that I last saw h alive on 6/15 1942

Immediate cause of death: Pulmonary edema — Duration: 10 hr.
Due to: Rheumatic heart — Duration: ?
Due to: Uremia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Groth M. D.
Address W. B. G. H. Date signed 6/17/42

VS 3

F 93199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 94a

Registered No. F 93199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 15 S. Abington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RAYMOND LAtimer GRIFFNER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	215-07-5218	M	W	married

6 (b) Name of husband or wife Anna Peddicord
6 (c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) July.5.1908

8. AGE: Years	Months	Days	If less than one day
33	11	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pressman-Paper Box Facty.
11. Industry or business Bartgis Bros. Co.

FATHER
12. Name August Griffner-deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Gruenewald-deceased
15. Birthplace Germany

16 (a) Informant Mrs. Anna Griffner (Wife)
(b) Address 15 S. Abington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18.1942 (month) (day) (year)
(c) Cemetery or crematory St. Paul's 5th Ref. Church Cem.
Location Baltimore Md. Lay & Marker
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

JUN 17 1942 (Date rec'd by registrar) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 8 34 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 6-15-42

VS 6

F 93200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93200

Registered No. 83B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town E. Balto St. Phila
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John McLEAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Phila PA (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Olive-d Gl[illegible]

18 (a) Funeral director Lowe and Purnell
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 17. 1942 at 6 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6.10. 1942 to 6.17 1942 and that I last saw him alive on 6.17 1942.

Immediate cause of death	Duration
Heart failure and pulmonary edema.	
Due to	
Due to Cerebral thrombosis, left	7 days
and hemiplegia, right	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hospital Date signed 6/17/42

VS 3

F 93201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5003 Arabia Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5003 Arabia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hillard R. Baker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widow

6 (b) Name of husband or wife Cora Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/1877

8. AGE: Years	Months	Days	If less than one day
65	2	29	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Pyle & Co -
11. Industry or business Foreman

FATHER
12. Name Charles Baker
13. Birthplace Ohio

MOTHER
14. Maiden Name Amanda Dice
15. Birthplace Ohio

16 (a) Informant Alta Baker
(b) Address 5003 Arabia Ave

17 (a) Moreland (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Moreland
Location Taylor Avenue

18 (a) Funeral director Thomas J. Pyle
(b) JUN 17 1942 Harford & Hillsdale, M.D.

19 (a) (Date rec'd by registrar) (b) Huntington for Hillsdale, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 5:09 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to June 15 1942 and that I last saw deceased alive on June 8 1942.

Immediate cause of death Coronary Thrombosis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawyer
Address 4808 Harford Rd. Date signed 6/16/42

VS 8

F 93202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 93202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 W Barre
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W Barre (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George S. Hanks,
3 (b) If veteran, name war yes
3 (c) Social Security Account No. 216-10-3757

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Lillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 55 | Months | Days | If less than one day hr. min.

9. Birthplace Rocky Point Md. (County, and state)
10. Usual Occupation Steveadore
11. Industry or business

FATHER 12. Name George Shanko-
13. Birthplace Rocky point Md.

MOTHER 14. Maiden Name Mary Pleasfela
15. Birthplace Rocky Point, Md.

16 (a) Informant Mary Cooper
(b) Address 1116 3rd. S. W.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 (month) 19 42 (day) (year)
(c) Cemetery or crematory National Army
Location Balto

18 (a) Funeral director Walter B. Springer
(b) Address 139 W Hamburg St

19 FILED (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1941, to 6/16 1942, and that I last saw h alive on 6/15 1942.

Immediate cause of death Acute Pulmonary Edema — Duration 1 day
Due to Chr. Endocarditis + Myocarditis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dina Trumbo, M.D.
Address 1111 Linden Ave Date signed 6/17/42

VS 8

93203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93203
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 Mt Blair St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Mt Blair St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Theresa Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm L. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name William January
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md

16 (a) Informant Mr Chas. W. Johnson
(b) Address 106 Mt Blair St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Fredgrick Rd.

18 (a) Funeral director Wm J. Lonergan Son
(b) Address 901 Hollins St

19 (Date rec'd by registrar) JUN 17 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1942 to June 1942, and that I last saw h[illegible] alive on May 31 1942.

Immediate cause of death	Duration
Myocardial insufficiency	unknown
Due to Hypertensive Cardiovascular Renal	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reuben Reichenthal
Address 910 W Lombard Date signed 6.17.42 M. D.

VS 3

F 93204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 93204 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 William st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3 Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 William st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jno E Pfaff

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-1418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 13 1883

8. AGE: Years	Months	Days	If less than one day
58 59	10	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Ft. W

11. Industry or business

FATHER
12. Name Micheal Pfaff
13. Birthplace md

MOTHER
14. Maiden Name Annie Meredith
15. Birthplace md

16 (a) Informant Mrs Howard J Pfaff
(b) Address 92 E West st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/42 (month), (day), (year)
(c) Cemetery or crematory Mount Olivet Cem
Location Balto. Md.

18 (a) Funeral director William M Marcek
(b) Address 715 Lisbon st

19 (a) Filed JUN 17 1942 (b) Huntington Williams M.D. Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 16 1942 and that I last saw h[illegible] alive on June 16 1942

Immediate cause of death: Acute pulmonary edema — Duration 16 Hrs.

Due to Hypertensive Chron[illegible]

Due to

Other Conditions Multiple Lipomata

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Hess M. D.
Address 91 Balto. Sch. Prof. Date signed 6/16/42

F 93205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93205

CERTIFICATE OF DEATH

√159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Myrtle ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME Baby Gibson

If U. S. Veteran specify WAR

(a) Residence: No. 1509 Myrtle ave St. Ward. (Birth F 5 1942)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16 1942

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Less than 1	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Lewis Gibson

14. BIRTHPLACE (city or town) Harford Co
(State or country)

MOTHER

15. MAIDEN NAME Victoria Jordan

16. BIRTHPLACE (city or town) St Marys Co
(State or country)

17. INFORMANT Mother
(Address) 1509 Myrtle

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER
(Address)

20. JUN 17 19[illegible] 19[illegible] Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 16 1942 to June 16 1942

I last saw him alive on June 16, 1942. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. D. Woolston Jr M. D.

(Address) 1030 Eutaw

9172

93206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. E 93206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3 Baltimore KUPER
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Cooper Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
93	6	14	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory St Pauls Prot Ch Reformed
Location Baltimore, Md.

18 (a) Funeral director Frederick A Cole
(b) Address 1[illegible] W. Lombard St

19 (a) JUN 17 [illegible] (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1942, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1942 to 6-9 1942, and that I last saw her alive on 6-9 1942.

Immediate cause of death	Duration
Broncho-pneumonia	2 days
Due to Hypostasis	
Due to Intertrochanteric Fracture L Femur	1 wk
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/3/42 at PM
(c) Where did injury occur? 1407 Kuper Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall from Chair

23. Signature Donald Poldebo M.D.
Address Balt City Hosp Date signed 6/16/42

VS 3

F 93207 BALTIMORE CITY HEALTH DEPARTMENT 93d F 93207
CERTIFICATE OF DEATH ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 653 Hoven St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 653 Hoven (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Brady
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 4, 1875
8. AGE: Years 66 | Months 11 | Days 11 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden Name Hannah —
15. Birthplace Md
16 (a) Informant Florence Coburn
(b) Address 653 Hoven St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City
18 (a) Funeral director Josiah L. Brown & Son
(b) Address 108 W Montgomery St
19 (a) JUN 18 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH June 15 1942, at 4 15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1942 to June 15 1942, and that I last saw him alive on June 15 1942.
Immediate cause of death Chronic Myocarditis — Duration about 6 months
Due to Intermural
Due to
Other Conditions Age & patient
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John W Fagnes
Address 665 W Baltimore St Date signed 6/17/42

VS 3

F 93208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

Registered No. F 93208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1337 N. Bay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 N. Bay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN R. EMORY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Frederick Emory
6 (c) If alive, give age— years
7. Birth date of deceased (mo., day, yr.) Feb. 7 1879

8. AGE: Years	Months	Days	If less than one day
63	4	10	hr. — min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Da Armond
13. Birthplace France

MOTHER
14. Maiden Name Annie Niblaw
15. Birthplace Pa.

16 (a) Informant Mrs Florence Thomas
(b) Address 1337 N. Bay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Randell E Humphreys
(b) Address 901 N. Broadway

19 (a) JUN 18 1942 (Date rec'd by reg.) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Aneurysm Aorta ruptured	
Due to Syphilis, cardiovascular	
Due to	
Other Conditions ~~No~~	

(Include pregnancy within 3 months of death)
Date of operation ~~No~~
Major findings of operation:
of autopsy: ~~No~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide V
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Address Medical Examiner.
Date signed 6-17-42

F 93209 37174 BALTIMORE CITY HEALTH DEPARTMENT X 93d F 93209

CERTIFICATE OF DEATH ✓

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-7-27
(e) Length of stay in Baltimore (yrs., mos., or days) 3-7-27

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Alexandria (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Chapman Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Pierpoint

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1873

8. AGE: Years	Months	Days	If less than one day
69	1	25	hr. min.

9. Birthplace Alexandria Virginia (Town, county, and state)
10. Usual Occupation Heating Contractor
11. Industry or business

FATHER
12. Name Jonathan Pierpoint
13. Birthplace Alexandria Va.

MOTHER
14. Maiden Name Helen Coberly Baggett
15. Birthplace Alexandria Virginia

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 18 1942 (month) (day) (year)
(c) Cemetery or crematory Alexandria Va.
Location

18 (a) Funeral director Cunningham Funeral Home
(b) Address Alexandria Va.

19 (a) JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942. at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1938 to June 17 1942, and that I last saw h[illegible] alive on June 17 1942.

Immediate cause of death	Duration
Arteriosclerosis	P
Due to Myocardial Decompensation	1 wk.
Due to	
Other Conditions Involutional Melancholia	3½ yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Damian P. Alagia M. D.
Address 326 [illegible] (Date signed)

VS 3

Damian P. Alagia, M.D.

F 93210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 107 F 93210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Battery Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Battery Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Linwood Grossup. Jr. (Birth F. 36715)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1941

8. AGE: Years	Months	Days	If less than one day
	8	13.	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Linwood Grossup
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Josephine V. Albany
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Josephine Grossup
(b) Address 1106 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1427 Light St.

JUN 18 1942 (Date received by Registrar) (b) Wilmer Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 1942 at 10.40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1942 to June 17, 1942 and that I last saw him alive on June 17 1942.

Immediate cause of death

Lobar pneumonia

Duration Several hours.

Due to

Due to

Other Conditions

Hypostatic pneumonia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. P. Friedman M.D.

Address 1319 Light St. Date signed 6/17/42

VS 8

F 93211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466

F 93211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 John St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 John St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ivan E Bruning

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 219-03-0800

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 10 1885

8. AGE: Years	Months	Days	If less than one day
57	2	6	hr. min.

9. Birthplace Nancy (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name Edward Bruning
13. Birthplace Nancy

MOTHER
14. Maiden Name Mahoney
15. Birthplace Ireland

16 (a) Informant Katherine Bruning
(b) Address 1533 John St

17 (a) Burial Final (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Cook Co
(b) Address 1 E Pratt St

19 (a) JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to June 16 1942 and that I last saw h[im] alive on June 16 1942.

Immediate cause of death: Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B McFe
Address 1331 E. Lexington Ave Date signed 6-17-42

VS 3

F 93212 Anastasio Andrahs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 216

F 93212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Lakewood (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Anastasio Andrahs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced.
M.	W	

6 (b) Name of husband or wife Maria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
47 ✓			hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John
13. Birthplace Turkey

MOTHER 14. Maiden Name Maria
15. Birthplace Turkey

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn Md

18 (a) Funeral director Thomas Rice
(b) JUN 18 1942 Undertaker Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1942 to 6/16/ 1942 and that I last saw him alive on 6/16/ 1942.

Immediate cause of death Multiple abscesses. multiple Duration
liver abscesses. multiple
left pulmonary amebic
Due to abscesses; airpt
liver pneumonia and
Due to pleurisy. peritonitis;
amebic dysentery.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5/21/42
Major findings of operation: Liver abscess
of autopsy: Same as underlying cause

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. Cianos M. D.
Address St. Agnes Hosp. Date signed 6/18/42

VS 3

F 93213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 93213 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 162 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 East Preston St (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA LEMBACH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
N	NONE	F	W	MARRIED

6 (b) Name of husband or wife George
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) June 13 1893

8. AGE: Years	Months	Days	If less than one day
49	0	3	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Ebert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Geo Lembach
(b) Address 2034 E Preston St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md
18 (a) Funeral director Wilhelm & Son
(b) Address 1217 N Paul St
19 (a) JUN 18 1942 (Month, day, year registered) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942 at 3.25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1942 to June 16 1942 and that I last saw h E R alive on June 16 1942
Immediate cause of death Pulmonary Tuberculosis — Duration
Due to
Due to
Other Conditions Laeto Tabo-Pareis 3rd ° Burns of Buttocks and Thighs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 4 at 5.30 P M
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur abput home, on farm, industrial place, in public place? at home While at work? No (Specify type of place)
(e) Means of injury Clothes caught fire from Stove
23. Signature Antheb Lembach M. D.
Address St Josephs Hospital Date signed 6/16/42
Att. Wallenstein, M. Physician Owner.

VS 2

F 93214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

936

F 93214

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
nursing home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Harry Rose

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1871

8. AGE: Years	Months	Days	If less than one day
71	--	21	20 hr. min.

9. Birthplace Talbot County, Maryland (Town, county, and state)
10. Usual Occupation Salesman -- clothing
11. Industry or business retail clothing

FATHER
12. Name Dr. Charles H. Rose
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Julia Ridgaway
15. Birthplace Talbot County, Md.

16 (a) Informant Charles D. Rose
(b) Address 4208 Kelway Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery Lorraine
Location Windsor Mill Road, Md.- Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1906 Eutaw Place

JUN 18 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1942, at 12.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12, 1942, to June 17, 1942, and that I last saw him alive on June 17 1942.

Immediate cause of death Myocarditis — Duration yrs.

Due to senile changes

Due to

Other Conditions Atherosclerosis
Hyperpiesis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis L Jacob M. D.
Address 1700 Eutaw Place Date signed 6-17-42

F 93215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93215 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Stevens.

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: Supplied.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	M.

6 (b) Name of husband or wife: Edna Stevens.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	5	7		

9. Birthplace Baltimore Md
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Geo. W. Stevens
13. Birthplace Va.

MOTHER
14. Maiden Name Henrietta Gibson
15. Birthplace Md.

16 (a) Informant Sophie Booker
(b) Address 517 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1600 Baltimore Ave

19 (a) JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 – 1942 at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1942, to June 16 1942, and that I last saw h alive on June 16 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Myocardial Degeneration	
Due to Cardiac Decompensation Edema	
Other Conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Silas L. Lapsley
Address 522 N. Bond St Date signed 6/18/42

VS 8

F 93216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 132

F 93216 Registered No. 2698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708½ Stockton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708½ Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Alverta Veney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Widowed

6 (b) Name of husband or wife Julius Veney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1861

8. AGE: Years	Months	Days	If less than one day
61	2	20	hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name James Bagg
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Paula Edson
(b) Address 2443 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Madison Ave Huntington West Virginia

19 (a) JUN 18 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1942, at 3:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1942, to 6-15 1942 and that I last saw her alive on 6-15 1942.

Immediate cause of death	Nephritis	Duration unknown
Due to		
Due to		
Other Conditions	Chron Arthritis	2 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 Stricker St Date signed 6-17-42

F 93217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93217
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester May Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Raymond M Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1904

8. AGE: Years	Months	Days	If less than one day
37	8	5	hr. min.

9. Birthplace Balto Co., Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Edward F. Cole
13. Birthplace Balto. Co. Md.
MOTHER
14. Maiden Name Alberta May Ryan
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. F. L. Nietrink
(b) Address 1222 Elmridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Weisberg
Location Balto. Co. Md.

18 (a) Funeral director Landon E. Brooks
(b) Address Sparks, Md.

19 (a) JUN 18 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1942, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1942, to June 17 1942, and that I last saw her alive on June 17 1942.

Immediate cause of death	Duration
Carcinoma of Breast with generalized metastasis	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J Shumaker M.D.
Address 3711 Falls Rd Date signed 6-17-42

VS 1

F 93218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Louise Christine Kammner (KAMMER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1889

8. AGE: Years 52 | Months 9 | Days 10 | If less than one day hr. min. 17 16

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Julius Knape
13. Birthplace Germany

MOTHER
14. Maiden Name Ottile Heiller
15. Birthplace Germany

16 (a) Informant Same
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 18 42 (month) (day) (year)
(c) Cemetery or crematory
Location Scranton Penna

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) JUN 18 1942 (Date rec'd by registrar) Huntington Williamsport Md. (b) Registrar's district

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1942 to 6/17 1942 and that I last saw her alive on 6/17 1942.

Immediate cause of death: Carcinoma of Rt. chest wall (Breast ca.) — Duration: 10 months (?)

Due to:

Due to:

Other Conditions: Lymphatics of Rt. Arm, Metastatic to Base of Rt. Lung (?) — 10 days?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Scirrhous Carcinoma of Rt. Breast with metastases 1/7/42
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Leahy M.D.
Address Md. Gen. Hosp. Date signed 6/17/42

VS 3

93219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 N. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Alexander Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5687

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Josie

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1900

8. AGE: Years 42 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Baugh Chemical Co.

FATHER
12. Name Nelson Barnes
13. Birthplace Md

MOTHER
14. Maiden Name Emily Johnson
15. Birthplace Md

16 (a) Informant Josie Barnes
(b) Address 902 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location E. N. County Md.

18 (a) Funeral director Robert L. Young
(b) Address 502 N. Caroline St.

19 (a) JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1942, to 6-14 1942, and that I last saw h[illegible] alive on 6/13 1942.

Immediate cause of death

Chr. Myocarditis

Duration 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Calvin B. LeCompte
Address 1113 N Caroline St Date signed 6/14/42

VS 2

F 93220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b F 93220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Wheatley 74202

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-18-5489

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1875

8. AGE: Years	Months	Days	If less than one day
67	0	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name James Wheatley
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Ann Taylor
15. Birthplace England

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 18, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Chester, Penna

18 (a) Funeral director Wm Cook Jones
(b) Address 6 St Paul

JUN 18 1942 (Date rec'd by registrar)

19 (a) Huntington Williams, M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942, to June 16 1942, and that I last saw h alive on June 16 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions: Hypertensive cardiovascular disease ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun, M. D.
Address Balto. City Hosp. Date signed 6-18-42

VS 8

Lic. F-93221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 93221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Mehone Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 S. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mable Reddon

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Samuel Reddon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12 - 1863

8. AGE: Years 78 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Green

13. Birthplace England

MOTHER 14. Maiden Name Eliza Haines

15. Birthplace England

16 (a) Informant Margaret Pilsch

(b) Address 733 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 - 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem Location Taylor Ave

18 (a) Funeral director Pratt C. B. M. Watson

(b) Address Pratt & Decker Sts

19 (a) JUN 18 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 4 14 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/42 19 to 6/17/42 19, and that I last saw h.e.k alive on 6/14/42 19

Immediate cause of death Cerebral Haemorrhage — Duration 5 days

Due to Hypertension — 10 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Q. Johnston M. D.

Address 4305 York Rd Date signed 6/17/42

F 93222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836

F 93222

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Porger

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 1868

8. AGE: Years	Months	Days	If less than one day
73	7	11/12	hr. min.

9. Birthplace Ashland Pa (Town, county, and state)
10. Usual Occupation House Duties
11. Industry or business

FATHER
12. Name Christian Porger
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Rudolph
15. Birthplace Pa

16 (a) Informant Mary J. Dressler
(b) Address 4615 Mowhall St. Phila Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 19 / 42 (month) (day) (year)
(c) Cemetery or crematory Brocks Cem
Location Ashland Pa

18 (a) Funeral director Wm. J. W. Teufel & Son
(b) Address 2440 W. Fayette St

19 JUN 18 1942 (Date rec'd by registrar) (c) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1942 to 6-18 1942 and that I last saw h alive on 6-17 1942

Immediate cause of death: Cerebral Thrombosis — Duration: 3 days
Due to: arterio-Sclerosis & Hypertension
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. D. Enson M. D.
Address 4936 Park Hgts Ave Date signed 6-18-42

VS 8

F 93223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93223 Registered No. 9 1a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeira St. & Fenden Ave
(c) Hospital or institution: Maryland General Hospital 11 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Perryville,
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Eleanor C. Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband or wife Elmore H. Owens
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Apr. 19, 1880

8. AGE: Years	Months	Days	If less than one day
62	1	29	hr. min.

9. Birthplace Havre de Grace, Harford, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name James Settle
13. Birthplace Cecil Co. Md
MOTHER 14. Maiden Name Ellen Jackson
15. Birthplace Cromwell Furnace, Md

16 (a) Informant Eleanor A. Owens
(b) Address Perryville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 42 (month) (day) (year)
(c) Cemetery or crematory Rockwell
Location Port Deposit, Md. R.F.D.

18 (a) Funeral director Leila Patterson & Son
(b) Address Perryville, Md.

19 (a) JUN 19 1942 Received by Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942, to June 18 1942, and that I last saw h.e. alive on June 18 1942.

Immediate cause of death: Subacute Bacterial Endocarditis c. Staphylococcus Viridans Septicemia — Duration 13 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Microscopic Embolic Pulmonary Abscesses. Chronic Passive Congestion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hospital Date signed 6/19/42

VS 8

F 93224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93224 Registered No. 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 E. HOFFMAN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street and No. 2210 E. HOFFMAN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY FISCHER

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 17 1860

8. AGE: Years 81 Months 11 Days 29 If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name GEORGE FISCHER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ANNA STEINMETZ
15. Birthplace BALTO. MD.

16 (a) Informant LENA FISCHER (SISTER)
(b) Address 2210 E. HOFFMAN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lillie J. Eyler Inc.
(b) 403 S. WOLFE ST. Huntington Williams, M.D.

19 (a) JUN 18 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 15 1942, at 11/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23rd 1942 to June 16 1942 and that I last saw him alive on June 16th 1942.

Immediate cause of death Myocardial failure — Duration 2 days
Due to Chronic Nephritis
Due to age of patient
Other Conditions Possible Carcinoma Genito-urinary tract — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Harvey F. Kerr M. D.
Address 1301 N. Eutaw Date signed 6/16/42

VS 3

F 93225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered 93225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr. 2 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Mulberry St (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If so, name country CHINA

3 (a) FULL NAME Frank Lee (LEE YEN)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Chinese	Married

6 (b) Name of husband or wife Unknown (in China)

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
About- 53	?	?	hr. min.

9. Birthplace CHINA (Town, county, and state)

10. Usual Occupation LAUNDRYMAN

11. Industry or business Laundry

FATHER
12. Name UNKNOWN
13. Birthplace Prob. China

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace Prob. China

16 (a) Informant George Leong (Friend)
(b) Address 4120 Park Heights Ave-City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Windsor Mill Rd.-Woodlawn-Rd.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN GRL.) 100 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JUN 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1942, at 2.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Hemothorax, traumatic — Duration

Due to Fractured ribs and

Due to Lacerated lung

Other Conditions Multiple fractures, contusions & bruises

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: E/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-15-42 at 9.45 P M
(c) Where did injury occur? Northern Parkway-Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 6-16-42

F 93226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83b Registered No. F 93226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. John's Road
(c) Hospital or institution: Mrs. Harry's Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) abt 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 E. 20th. Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Dempsey Hersh

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William M. Hersh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1872

8. AGE: Years	Months	Days	If less than one day
69	8	13 12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John B. Dempsey
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louise Barry
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Margaret Dempsey(sister)
(b) Address 324 E. 20th. Street, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 19 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Avenue, City.

19 (a) (Signature of registrar) (b) Registrar

JUN 18 1942

VS 8 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 1:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1942, to June 16 1942, and that I last saw h[illegible] alive on June 15 1942.

	Duration
Immediate cause of death: Cerebral thrombosis	4 months
Due to: Arteria-sclerosis	Many years
Due to:	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature John Tillen Howard M. D.
Address 12 E. Eager St., Balto Date signed June 17 '42

F 93227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 93227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5200 Eugene Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5200 Eugene Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Fetus) Nicora (Birth F 51918)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-42

8. AGE: Years | Months | Days | If less than one day: hr. 5 min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Henry Nicora
13. Birthplace New York City

MOTHER
14. Maiden Name Shirley Vivian Davis
15. Birthplace Baltimore

16 (a) Informant Wm. Henry Nicora
(b) Address 5200 Eugene Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Disposed of by parents.

18 (a) Funeral director
(b) Address

19 (a) [illegible] Huntington Williams M.D.
[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1942 at 3.30a M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on 6-13 1942.

Immediate cause of death	Duration
Prematurity	
Due to Cause unknown (not induced)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson.
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 6-15-42

VS 3

93228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 93228

F.S. (73990)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. 28th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl (Mildred) Robson- (Robinson) (Birth F 49168)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or ~~colored~~ ~~XXXXXXXXXXXX~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1942

8. AGE: Years | Months | Days | If less than one day 3 hr. 30 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stewart Robinson (Robson)
13. Birthplace Mich.

MOTHER
14. Maiden Name Mildred Brown
15. Birthplace Ohio

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-15-42 (month) (day) (year)
(c) Cemetery or crematory Balto City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director

19 (a) JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/ 1942, at 11:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/ 1942 to 5/15/ 1942, and that I last saw h~~e~~r alive on 5/15/ 1942

Immediate cause of death Congenital atelectasis — Duration 3 hr.
Due to Premature — 30 min.
Due to Ruptures placenta
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 6/17/42

VS 8

93229

F 93229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E.S. (73972)

30 f

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. and No. 2003 Madison Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Shelton (Birth F 49174)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1942

8. AGE: Years	Months	Days	If less than one day
			5 hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Philip Shelton
13. Birthplace ?

MOTHER 14. Maiden Name Hazel Gilmore
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)
(c) Cemetery or crematory Balto City Hosp
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUN 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/ 1942, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14/ 1942 to 5/15/ 1942, and that I last saw h[illegible] alive on 5/15/ 1942.

Immediate cause of death Congenital stelectasis — Duration 5h

Due to Prematurity — 28 weeks

Due to Syphilis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Kalter M.D.
Address Balto City Hosp Date signed 6/18/42

VS 8

F 93230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered 93230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 E. Moyer St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 E. Moyer (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Antoni Chmielewski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-05-5887

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Chmielewski
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1879

8. AGE: Years	Months	Days	If less than one day
63	4	28	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired Moulder Helper
11. Industry or business B. & O. Railroad Co.

FATHER
12. Name Raymond Chmielewski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Anna Chmielewski
(b) Address 2105 E. Moyer St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Lippard Hill Road

18 (a) Funeral director Stephen J. Fialkowski Jr.
(b) Address 1000 E. Kenwood Ave

19 (a) JUN 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 19 42, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 19 42 to June 16, 19 42, and that I last saw him alive on June 10, 19 42.

Immediate cause of death Cerebral Arterio Sclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cassimus M. D.
Address 514 Drury Lane Date signed 6/18/42

VS 3

93231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. E 93231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 E. Barney St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 E. Barney St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Mannion

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-0661

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mary A. Mannion
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 5/12/1893

8. AGE: Years	Months	Days	If less than one day
49	1	4	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Martin Mannion
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Wagner
15. Birthplace Balto.

16 (a) Informant Mrs. John Mannion
(b) Address 31 E. Barney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Pitcher & Hilton

18 (a) Funeral director D. J. McCarthy
(b) Address 130 E. Fort Ave.

JUN 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1942, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12/1939 to 6/16/1942 and that I last saw him alive on 6/16/42 19

Immediate cause of death Hypotensive cardio vascular disease. - -

Due to coronary thrombosis.

Due to

Other Conditions General anasarca

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?
2 wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Harry Deller M. D.
Address 1226 Hanover St Date signed 6/17/42

VS 2

F 93232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4505 Wentworth Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4505 Wentworth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Elizabeth Frankowich

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Oscar Frankowich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1861

8. AGE: Years 81 Months 1 Days 18. If less than one day hr. min.

9. Birthplace Libau, Latvia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace Latvia

MOTHER
14. Maiden Name
15. Birthplace Latvia

16 (a) Informant Alexander Frankowich
(b) Address 4505 Wentworth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. Cook Inc.
(b) Address 217 St. Paul

19 (a) [illegible] (b) Huntington Williamsport, Md.

JUN 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 19 42 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 41 to June 19 42 and that I last saw h[illegible] alive on 6/16 19 42

Immediate cause of death
Uraemia — Duration 2 days
Due to Cortic. vascular renal disease — 4 yrs.
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Volanick
Address 4710 Liberty Hts. Date signed 6/18/42

Fill out death clearly and legibly.

F 93233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 93233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 E. 25th ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 E. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry C. Yeager

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-10-3065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ruth Yeager
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1870

8. AGE: Years	Months	Days	If less than one day
71 72	6	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Howard Construction Co.

FATHER
12. Name Chas. Yeager
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Mn. ?
15. Birthplace Balto.

16 (a) Informant Dorothy Hopkins
(b) Address 2518 E. Chase St.

17 (a) Burial (Burial, ~~Cremation~~) (b) Date thereof 6/19/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

JUN 19 1942 (b) Huntington Mills, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942, at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: arteriosclerosis — cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratzer M.D. Medical Examiner.
Date signed June 18, 1942

V8 6

F 93234
417497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 58 E

F 93234
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 W. Biddle (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha May Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-36

8. AGE: Years 5½ | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name FRANK JENKINS
13. Birthplace S. C.

MOTHER
14. Maiden Name VIVIAN ROBINSON
15. Birthplace S. C.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory
Location Sumter S. C.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by Registrar) (b) Registrar
JUN 19 1942
VS 2
Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Cardiac failure — Duration 1 week

Due to Acute Rheumatic Fever — 1 month

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Roy Pollard
Address J. H. H. Date signed 6-19-42

F 93235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

F 93235 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 1008 W. Lexington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS COOPER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1889

8. AGE: Years 52 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Cooper

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Eugene Cooper

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Balto. CO. Md.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 578 W. Biddle St.

(a) (Signature of local registrar) (b) Huntington Hillcoat, Registrar

JUN 19 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Wallenmeyer M.D. Medical Examiner.

Date signed 6-17-42

F 93236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

F 93236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Kentucky Ave
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Kentucky Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis X. Knoche

3 (b) If veteran, name war —

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Knoche
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 2 1878

8. AGE: Years	Months	Days	If less than one day
63	6		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Fritz Knoche
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Mary O
15. Birthplace Baltimore

16 (a) Informant Mrs Sarah Knoche
(b) Address 3021 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John Ullrich
(b) Address 1000 Eutaw St.

JUN 19 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1941, to June 17, 1942, and that I last saw h[illegible] alive on June 17, 1942.

Immediate cause of death Carcinoma of Larynx and Pharynx — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 16, 1942
Major findings of operation Carcinoma of Epiglottis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmet O'Neill
Address 1331 E. North Ave Date signed 6-18-42

VS 3

F 93237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. F 93237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Joseph Rosso

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary Rosso.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26, 1881

8. AGE: Years	Months	Days	If less than one day
61	3	20	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business Self

FATHER
12. Name Biagio Rosso
13. Birthplace Italy

MOTHER
14. Maiden Name Jennie Verderaime
15. Birthplace Italy

16 (a) Informant Vincent Rosso
(b) Address 1810 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Albert W Berry
(b) Address 440 E north Ave

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

JUN 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 16 1942, and that I last saw h[illegible] alive on June 16 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dennis E Goodman Jr M. D.
Address Franklin Square Hospital

93238 HEALTH DEPARTMENT—CITY OF BALTIMORE 93238

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1600

CITY OF BALTIMORE: (No.) Bon Secours Hospital (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 15 mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby Boy Shanahan — If U. S. Veteran specify WAR —

(a) Residence: No. 3227 Phelps Lane St. — Ward. (Usual place of abode) (If non-resident give city or town and State)

Birth # 51173

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-17-42

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
		1	12 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Albert Shanahan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Matilda Ford

16. BIRTHPLACE (city or town) (State or country) ~~Baltimore, Md.~~

17. INFORMANT James A Shanahan (Address) 3227 Phelps Lane

18. BURIAL, CREMATION, OR REMOVAL. Place Burial Cathedral Date 6/19/42 19

19. UNDERTAKER Hamp Hutzler (Address) 401 Eastern Ave

JUN 19 1942 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.18.42 19

22. I HEREBY CERTIFY, That I attended deceased from 6.17.42 19 to 6.18.42 19

I last saw him alive on 6.18.42 19 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Fred F. Sonny M. D.

(Address) Bon Secours Hosp

8

F 93239 | BALTIMORE CITY HEALTH DEPARTMENT | F 93239

CERTIFICATE OF DEATH

45 ✓

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4423 Forrest View ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 4423 Forrest View ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Nelson Thomson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-0628

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of ~~husband~~ or wife Lulu A. Thomson
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) January 31-1880

8. AGE: Years	Months	Days	If less than one day
62	4	17/6	hr. min.

9. Birthplace Westminster Md
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business C & P. Telephone Co.

FATHER
12. Name Jacob Thomson
13. Birthplace Taneytown Md

MOTHER
14. Maiden Name Sarah Robinson
15. Birthplace Chester County, Pennsylvania

16 (a) Informant Lulu A. Thomson
(b) Address 4423 Forrest View ave

17 (a) Burial, cremation, or removal Burial (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory BALTO
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 5301 Harford Rd

(Date rec'd by registrar) JUN 19 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1942, at 9:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 1- 1937 to 6-17- 1942, and that I last saw him alive on 6-17- 1942

Immediate cause of death
Carcinoma of Thyroid Gland and Throat. — Duration 5 yr 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Riland.
Address 2532 Edmondson ave Date signed 6-18-42

VS 3

F 93240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town W Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ESTHER SHERBOW

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Theodore

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph Trollman

13. Birthplace Russia

MOTHER 14. Maiden Name Sarah

15. Birthplace Russia

16 (a) Informant Joseph Sherbow -Son

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-42 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd. Location Londonderry Md.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

JUN 18 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16 42 19 , at 8P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26th 1942 to June 16 1942 and that I last saw her alive on June 16 1942

Immediate cause of death: Ch Nephritis — Duration

Due to Ch arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Z. Hamstein

Address 733 Aisquith Date signed 6/17/42 M. D.

VS 1

F 93241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. F 93241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Saratoga Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. MORRIS ROLLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Hungary
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Roller
13. Birthplace Hungary

MOTHER
14. Maiden Name Pauline Weiss
15. Birthplace Unknown

16 (a) Informant Mrs. M. Meyer-Sister
(b) Address 403 W., Saratoga Street

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/21/42 (month) (day) (year)
(c) Cemetery or crematory Balte Hebrew.
Location Belair Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E Balto St

19 (a) JUN 19 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19- 1942, at 6:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by Autopsy and Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Epilepsy — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Meyerson M.D.
Medical Examiner.
Date signed 6-19-42

VS 6

F 93242 Giles ✓ 93d F 93242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melvina Melvina Mollie Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Isaiah Giles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Pensioner

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Julia Edwards
15. Birthplace Md

16 (a) Informant Joshua Cromwell
(b) Address 1126 E. Lex. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Balto Md.

18 (a) Funeral director Joseph G. Locke Jr
(b) Address 1130 N. Central Ave

19 (a) JUN 19 1942 (Date rec'd by Local Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to arteriosclerotic cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 18 1942

F 93243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 d F 93243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3. 30
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S. Bouldon St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Grabill

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas P. Grabill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1894

8. AGE: Years	Months	Days	If less than one day
48	2	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name August Zentgraf
13. Birthplace Md

MOTHER
14. Maiden Name Anna Foster
15. Birthplace Md

16 (a) Informant Mr. Rolland O Zentgraf
(b) Address 1712 Bell st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Mares
(b) Address 715 Light St

JUN 19 1942 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15- 1942, at 11 39 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Fractured Skull
Due to
Due to
Other Conditions Multiple lacerations
Contusions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9-3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-15-42 at 7.45 P M
(c) Where did injury occur? 3378 E. Fredrick Blvd.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Barber (Specify type of place) While at work? No
(e) Means of injury Railroad train, struck by motor cycle

23. Signature Howard J. Wiesse M.D.
Medical Examiner.
Date signed 6-16-42

VS 6

F 93244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1984 F 93244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S. Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Harrington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Bessie Harrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1891

8. AGE: Years	Months	Days	If less than one day
51	1	16	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Phillip Harrington
13. Birthplace N. C.

MOTHER
14. Maiden Name Harriett McJustice
15. Birthplace N. C.

16 (a) Informant Bessie Harrington
(b) Address 19 S. Schroeder

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Lansdowne - Md

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Schroeder St

19 (a) JUN 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942, at 6 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of brain — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 14 1942 at M
(c) Where did injury occur? 19 S. Schroeder St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Shot by gun

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 18 1942

V8 4

93245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 or F 93245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2444 Brentwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 Brentwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J Fletcher Allen Gee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Mary Gee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-85

8. AGE: Years	Months	Days	If less than one day
57	3	22	hr. min.

9. Birthplace Lewisburg - Va (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Littleton Gee
13. Birthplace Lewisburg - Va

MOTHER
14. Maiden Name Nellie Bagley
15. Birthplace Va

16 (a) Informant Casarew Gee
(b) Address 2137 W. Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Arbutus - Md.

18 (a) Funeral director Mc Latie R Williams
(b) Address 322 N Schroeder St

19 JUN 19 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 42 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 19 42 to June 17 19 42
and that I last saw h[illegible] alive on June 17 19 42

Immediate cause of death Uremia due to Acute Nephritis — Duration 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify by name of place)
(e) Means of injury

23. Signature Louis O. Jeffries M.D.
Address 2329 Druid Pk Date signed June 19 42

VS 8

F 93246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 70 F 93246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY WOOD

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Judia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace New Bern - N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Peter Woodson
(b) Address 905 - W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Sandy Spring - Md.

18 (a) Funeral director Mrs Roby R Williams
(b) Address 322 N Schroeder St

19 JUN 19 1942 (b) Huntington Williams M.D.
(Local registrar's signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942 at 10 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fractures, multiple right upper extremity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-14-42

Major findings of operation: as above

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 14 1942 at 6 a M
(c) Where did injury occur? Hammond & Fayette Sts (City or town) Baltimore Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury Passenger in auto Truck

23. Signature H. E. Wollenweber M.D. Medical Examiner.

Date signed

which ran into truck

F 93247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163h

93247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elliott D. Nolley

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary B. Nolley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1869

8. AGE: Years	Months	Days	If less than one day
72	6	1929	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Advertising, Retired
11. Industry or business

FATHER
12. Name Marcellus L. Nolley
13. Birthplace Virginia

MOTHER
14. Maiden Name Edelmira Y. Sturman
15. Birthplace Baltimore Md.

16 (a) Informant Elliott D. Nolley Jr.
(b) Address 225 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director Ellis J. Hutton
(b) Address 2840 Cold Spring Lane

19 (a) (b)

JUN 19 1942

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19- 1942, at 5:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation

Due to Inhaling Gas

Due to

Other Conditions Respondent

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-18-42 at P.M
(c) Where did injury occur? 225 W. Lafayette Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place) No (Specify whether in factory, office, etc.)
(e) Means of injury Inhalation of illuminating gas

23. Signature Howard J. Waldron M.D. Medical Examiner.
Date signed 6-19-42

F 93248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

Registered No. F 93248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Un Mem Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3621 Roland Ave, Apt
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME George Thomas O'Hara Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31, 1878

8. AGE: Years	Months	Days	If less than one day
64	2	17th	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired policeman

11. Industry or business

FATHER
12. Name Patrick O'Hara
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mullen
15. Birthplace Ireland

16 (a) Informant Daughter
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Mount Cashedral
Location Edmondson Ave

18 (a) Funeral director Chenowith & Bowman
(b) Address 345-17 Edmondson Ave

19 (a) JUN 19 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1942 at 5:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1942 to death 19 , and that I last saw him alive on 6-17 1942.

	Duration
Immediate cause of death Cardiorespiratory failure	
Due to ~~pulmonary~~ pulmonary edema	1d
Due to Left ventricular failure	1d.
Other Conditions Hypertensive Cardiovascular disease	? ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hartigan Jr. M. D.
Address (Union Memorial Hosp.) Date signed 6-17-42

Please fill in all items carefully supplied. Write the cause of death clearly and legibly.

V 93249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93e

F 93249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4508 Bowleys Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4508 Bowleys Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Conrad

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Conrad

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 14 1855

8. AGE: Years 86 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mont Brown
15. Birthplace Bohemia

16 (a) Informant Julia Mundy
(b) Address 4508 Bowleys Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (c) Funeral director Frank Brockhoff Son
Address 2308 E Chester St

JUN 19 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942, to June 18 1942, and that I last saw h[illegible] alive on June 18 1942.

Immediate cause of death
Coronary Occlusion — Duration 1 day
Due to Auricular Fibrillation — ? ?
Due to Myocarditis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 6/18/42 D.

Please write cause of death clearly and legibly.

F 93250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1276

F 93250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County ?
(c) City or town Nottingham
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Mary B. Graves

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1870

8. AGE: Years	Months	Days	If less than one day
71	6	23	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name William F. McHenry
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Bradway
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/42 (month) (day) (year)
(c) Cemetery or crematory Calvert Cemetery
Location Roseyank, Md.

18 (a) Funeral director John O. Mitchell's Sons
(b) Address 1900 Eutaw Place.

19 (a) JUN 19 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 8:33 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 19 1942, and that I last saw h[illegible] alive on June 19 1942.

Immediate cause of death Cardiorespiratory failure — Duration —

Due to Bile peritonitis — Duration 3 - 4 days

Due to Ruptured gall bladder — Duration 6 - 8 days

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation June 16, 1942

Major findings of operation: Ruptured gall bladder & bile peritonitis

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James J. Nolan M. D.
Address Union Memorial Hosp. Date signed 6-19-42

VS 3

F 93251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93251

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 Mosher St
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Mosher St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Edith Plater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife: John Plater

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar [illegible] 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	1			

9. Birthplace Annapolis Md (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name ?

13. Birthplace

14. Maiden Name ?

15. Birthplace

16 (a) Informant Beatrice E. Syphax

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof June 20-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Annapolis Md.

18 (a) Funeral director Mrs. Geo. E. Holland

(b) Address 628 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 17 - 1942 at 10 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1- 1942 to 6-17 1942 and that I last saw h[illegible] alive on 6-17 1942.

Immediate cause of death	Duration
Diabetes mellitus	
Due to Impaired endocrine function	
Due to	
Other Conditions Intestinal obstruction Thyrotoxicosis - Cardiac renal (include pregnancy within 3 months of death)	

Date of operation 6-5-42

Major findings of operation: Ad. Ca. colon relieved by [illegible] tomy

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Wilson M. D.

Address 803 Fremont Date signed 6-19-42

F 93252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

F 93252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509-E. 35th Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509-E. 35th Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME Thomas Joseph Murphy

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 9/15/1878

8. AGE: Years 63 | Months 9 | Days 2 | If less than one day: hr. - - min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired - Balto. City

11. Industry or business Employee-Sewerge Dept.

FATHER
12. Name Thomas J. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name BridgetMcMorrow
15. Birthplace Ireland.

16 (a) Informant Mrs. Mary F. Goodhues
(b) Address 509-E. 35th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross M.R.
Location Harford Rd. Balto. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (c) [illegible] Huntington Wilkinson MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to June 19 1942 and that I last saw [illegible] alive on June 17 1942.

Immediate cause of death: Acute Nephritis — Duration: 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Gilroy

Address 6111 Reisterstown Date signed 6/23/42

W. S. Gilroy

VS 3

F 93253

BALTIMORE CITY HEALTH DEPARTMENT 1942

CERTIFICATE OF DEATH

F 93253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26 Wd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Arlington
(c) City or town Arlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4417 6th Street, South
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Gorry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Gorry
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Rathkeale, Ireland
(Town, county and state)

10. Usual Occupation Baker

11. Industry or business National Biscuit Co, N.Y.

FATHER
12. Name William Gorry
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Hanah Unknown
15. Birthplace Ireland

16 (a) Informant Charles Peter Gorry
(b) Address 322 S. Offut Street

17 (a) Burial (Burial, cremation, or removal) Arlington Va. (b) Date thereof 6/22/42 (month) (day) (year)

(c) Cemetery or crematory St Mary's Cem.
Location Arlington, Virginia.

18 (a) Funeral director Joseph L. Cooper & Son
(b) Address 901 Hollins St.

19 (Date received) JUN 19 1942 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1942 at 5 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection + Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death
Bronchio-pneumonia
Due to
Due to
Other Conditions Fractured left femur

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-1-42 at A. M
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Unknown While at work? —
(Specify type of place)
(e) Means of injury Unknown

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-15-42

(over)

F 93254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

152

F 93254 Registered No.

Please write plainly. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edwood & Grane

(c) Hospital or institution: Univ Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County - - -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3601 Harford Road (If rural give location)

(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Anthony Paturzo (ANTHONY PATURZO)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-05-4398

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene Brescia

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Jan. 29. 1874

8. AGE: Years 68 | Months 4 | Days 18 | If less than one day: ____ hr. ____ min.

9. Birthplace: Italy

10. Usual Occupation: Partner of V. Paturzo Bro. & Son

11. Industry or business: Concrete Prod. Mfgrs.

FATHER

12. Name: Salvatore Paturzo

13. Birthplace: Italy

MOTHER

14. Maiden Name: Marie Ipolito

15. Birthplace: Italy

16 (a) Informant: Mrs. Irene Paturzo (Wife)

(b) Address: 3601 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20. 1942 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cemetery

Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.

(b) Address: North Ave. & Broadway.

19. JUN 19 1942 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1942 to June 17 1942, and that I last saw h[e] alive on June 17 1942.

Immediate cause of death: Pulmonary Edema & Bronchopneumonia?

Duration: 3 days

Due to: Effects of shock & probably of abdominal

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 6/14 & 6/15

Major findings of operation: Bronchopneumonia of neck

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: W. H. Strayer M.D.

Address: Univ Hosp Date signed 6/17

VS 8

93255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 D

F 93255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 702 Debelius Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T Clarke Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen. Clarke

6 (c) If alive, give age 21. years

7. Birth date of deceased (mo., day, yr.) June 6. 1919.

8. AGE: Years 23 Months Days 12 If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Brakeman for B & O.

11. Industry or business

FATHER 12. Name William T. Clark.

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Katie Arrowsmith

15. Birthplace Richmond. Va.

16 (a) Informant William T Clark.

(b) Address 702. Debelius Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22. 1942 (month) (day) (year)

(c) Cemetery or crematory Oak. Lawn.

Location Eastern Ave. Road.

18 (a) Funeral director Dendell & Riegel

(b) Address 213. E. Highland Ave.

19 (a) JUN 19 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942, at 6 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of chest and pelvis

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes

(a) Accident, suicide, or homicide accident

(b) Date of occurrence June 18 1942 at 3.35 AM

(c) Where did injury occur? Bayview yards of B.&O. R.R. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? in freight car While at work? yes (Specify type of place)

(e) Means of injury Crushed under load of pipes

23. Signature Robert Lee Evatt M.D. Medical Examiner.

Date signed June 18 1942

VS 6

93256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 93256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Bayard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John James Cockerell (Cockrell)
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-9922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name James Cockerell
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace Virginia

16 (a) Informant Mr. Vernon Cockrell
(b) Address 3906 Greenmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ London Park
Location 3800 Frederick Road
18 (a) Funeral director Milton Schilling
(b) Address 2914 S. Hanover St
19 JUN 19 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16, 1942 to June 18 1942 and that I last saw h/ alive on June 18, 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 mo.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Peake, M. D.
Address Mercy Hospital Date signed June 19 42

VS 3

8

F 93257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 93257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A Feldhousen

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 4182

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Druella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1860
8. AGE: Years 82 | Months | Days 5 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William A Feldhousen
13. Birthplace Balt Md

MOTHER
14. Maiden Name Susan Kirkwood
15. Birthplace Baltimore Md

16 (a) Informant William A Feldhousen
(b) Address 1220 Light St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Balt Md
18 (a) Funeral director Pelham & Son
(b) Address 1214 Light St
19 JUN 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942 at 6 50 M
21. I certify that death occurred on the date above stated; that deceased from May 1 1942 to June 18 1942 and that I last saw h. alive on June 18 1942

Immediate cause of death: Coronary occlusion — Duration: 3 days
Due to: arteriosclerosis
Due to: chronic myocarditis
Other Conditions: anasarca
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Isaac Miller M. D.
Address 1215 E Chase St Date signed 6/19/42

VS 3

93258 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96 Registered No. F 93258

Please write the causes of death clearly and legibly. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur Sutherland THOMPSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	not known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Lelia B. Biedler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1875

8. AGE: Years	Months	Days	If less than one day
67	4	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business

FATHER
12. Name Wilbur F. Thompson
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Sara Sutherland
15. Birthplace unknown

16 (a) Informant Records-U.S.Marine Hospital
(b) Address Wyman Park Drive, Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wilbur Cook Sons
(b) Address 1217 E. Pratt St.

19 (a) JUN 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 11:57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to June 19 1942, and that I last saw him alive on June 19 1942.

Immediate cause of death	Duration
Acute fibrino-purulent pericarditis	2 mos.
Due to	
Due to	
Other Conditions Multiple saccular aneurysms of aorta	2 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U.S. Marine Hospital, Baltimore, Md. Date signed 6/19/42

A VS 2

93259 — 1145 Montecute St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 93259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1145 Montecute St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 Montecute St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgard M Benthal

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1861

8. AGE: Years 80 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and State)
10. Usual Occupation Retired Freight Watchman
11. Industry or business

FATHER
12. Name Thomas Benthal
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emelia MacCormick
15. Birthplace Baltimore

16 (a) Informant Mrs Benthal
(b) Address 1145 Montecute St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Col Joe
(b) Address 1217 E Fond St

19 (a) JUN 20 1942 (b) Huntington Williams Mort

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942, at 4:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942 to June 18 1942 and that I last saw h-- alive on June 16 1942

Immediate cause of death: Senile Myocardiac
Duration: 1 wk
Due to: Arterio Sclerosis 2 yrs
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Hawkins M.D.
Address 10 E Fond St Date signed 6/19/42

VS 3

93260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1142 E 93260
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town N Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3140 Abell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Ulrich Sr.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose M Ulrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8. 1892

8. AGE: Years	Months	Days	If less than one day
49	9	11	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Patrolman Enforcing Off
11. Industry or business

FATHER — 12. Name	Theodore Ulrich
13. Birthplace	Germany
MOTHER — 14. Maiden Name	Emma Hunter
15. Birthplace	Virginia

16 (a) Informant Rose Ulrich
(b) Address 3140 Abell Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md
18 (a) Funeral director Williams & Son
(b) Address 1214 Park Ave
19 JUN 20 1942 (b) Huntington Williams, M.D.
(Date filed by City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 12 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to June 19 1942 and that I last saw h/m alive on June 19 1942.

Immediate cause of death: Uremia — Duration: 1 wk
Due to: Acute glomerular Nephritis — 3 wk
Due to:
Other Conditions: Lung Abscess-rt
Cholelithiasis, Multiple gastric Ulcers
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Nephritis, lung abscess

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Strauss M. D.
Address Mercy Hospital Date signed 6-19-42

VS 3

E 93261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 93261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Tube setter

11. Industry or business

FATHER
12. Name Lewis Gray
13. Birthplace Halls Md

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Halls Md

16 (a) Informant Mary L. Gray
(b) Address 1301 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Halls Md

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St Paul St

(b) Huntington Williams, M.D. Registrar

JUN 20 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eustace M.D.
Medical Examiner.
Date signed June 19 1942

VS 6

F 93262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93dF 93262 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 S.CONKLING ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street [illegible] 706 S.CONKLING ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AMELIA CLUSMAN

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color [illegible] WHI[illegible]

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife CHRISTIAN CLUSMAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 22 1876

8. AGE: Years 76 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name DIETRICH RIPKEN
13. Birthplace GERMANY

MOTHER
14. Maiden Name WILHELMIA KILLIAN
15. Birthplace GERMANY

16 (a) Informant J.HENRY CLUSMAN (SON)
(b) Address 706 S.CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20/42 (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ CEM.
Location ODONNELL ST.

18 (a) Funeral director Lilly L Zeibertz
(b) Address 403 S.WOLFE ST.

19 (a) JUN 20 1942 (Date filed by Registrar) [illegible]ington for Williams, M.D. Registrar

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH JUNE 18 1942 at 12/30

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1942 to 6/18 1942 and that I last saw him alive on 6/16 1942.

Immediate cause of death
Due to Carcinomatosis Cardio-[illegible] Chronic myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
2
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Gastel, M. D. M. D.
Address 637 S. Conkling St. Date signed 6/18/42

VS 2

F 93263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 93263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 N. Howard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Netalie (Nadaline) Bates

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1920

8. AGE: Years	Months	Days	If less than one day
2	4	5	hr. min.

9. Birthplace Athens Ga. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clark. Bates
13. Birthplace Athens Ga.

MOTHER
14. Maiden Name Thelmer Lee Smith
15. Birthplace Athens Ga.

16 (a) Informant Clark. Bates
(b) Address 2203 N. Howard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Laurel Prince Md.

18 (a) Funeral director Chas H Alexander
(b) Address 940 N. Mount St

19 (a) JON 20 1942 (Date rec'd by registrar) (b) Huntington Williamsport W.Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1942 at 9.25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry had that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Crushed Skull	
Due to	
Due to	
Other Conditions No post mortem performed Fractured right femur	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-18-42 at 9.10 P.M
(c) Where did injury occur? Corner of Station 2 & Howard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? No
(e) Means of injury Head crushed by automobile

23. Signature Howard J. Mackenzie M.D. Medical Examiner

Date signed 6-19-42

VS 6

97214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 93264
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Hoefer (Birth F 40544)

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4/5/42

8. AGE: Years | Months | Days: 1 | If less than one day: ____ hr. ____ min.

9. Birthplace Maryland General Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Hoefer
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth Sparklin
15. Birthplace Pennsylvania.

16 (a) Informant

(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory

Location Dartmouth Hospital

18 (a) Funeral director

(b) Address

19 (a) JUN 20 1942 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/42 19 ____ at 7:03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/04/42 19 ____ to 5/4/42 19 ____, and that I last saw h.o.c alive on 5/4/42 19 ____

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Pritchett

Address Maryland Gen. Hosp. Date signed 5/5/42 M. D.

VS 3

F 93265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

F 93265
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts
(c) Hospital or institution: Univ. Hosp. 4-V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37d.
(e) Length of stay in Baltimore (yrs., mos., or days) 37d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hill St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald LaKin Brandenberg

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-03-3168

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/07

8. AGE: Years 35 | Months 5 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Alberton, Balto. Co, Md
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Textiles

FATHER
12. Name Charles Brandenberg
13. Birthplace Burkittsville, Fred. Co, Md

MOTHER
14. Maiden Name Emma Mae Rohrbach
15. Birthplace Burkittsville Frederick Co, Md

16 (a) Informant Marjorie Brandenberg
(b) Address Hill St., Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)

(c) Cemetery or crematory St Johns
Location Ellicott City Md

18 (a) Funeral director J.C. Higinbotham
(b) Address Ellicott City Md.

19 (a) JUN 20 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/1942 at 9.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13/1942 to 6/19/1942 and that I last saw h[illegible] alive on 6/19/1942

Immediate cause of death: Malignant Hypertension — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George John Ulrich, M.D.
Address Univ. Hosp. Date signed 6/19/42

VS 3

F 93266

74547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93266 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Lowe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1st, 1913

8. AGE: Years	Months	Days	If less than one day
28 yrs	11	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business

FATHER
12. Name James Curtis
13. Birthplace Maryland

MOTHER
14. Maiden Name Emmaline ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolph Kuebstead
(b) Address 918 Park Ave Baltimore, Md.

19 (a) JUN 26 1942 (Date rec'd by registrar) Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1942 to 6-19 1942, and that I last saw him alive on 6-19 1942.

Immediate cause of death	Duration
Uremia	
Due to Interstitial nephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Rattner M. D.
Address Balto. City Hosp Date signed 6-19-42

VS 3

41695 3 ✓ F 93267

F 9326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N Bradford (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Matthews ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Lawrence
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 5-8-13

8. AGE: Years	Months	Days	If less than one day
29	1	11	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation H Wife
11. Industry or business

FATHER
12. Name Willie Mays
13. Birthplace ?

MOTHER
14. Maiden Name Lilly Butler
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-20-42 (month) (day) (year)
(c) Cemetery or crematory Dempster
Location Forest Park Baltimore
18 (a) Funeral director Adolph W. Kahn
(b) Address 918 Druid Hill Ave.
19 (a) JUN 20 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 1051 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 19 1942, and that I last saw her alive on June 19 1942.

Immediate cause of death	Duration
Gastric Hemorrhage	2 days
Due to Azotemia	7 days
Due to Chronic hypertensive vascular disease	?
Other Conditions Pregnancy, intrauterine (Include pregnancy within 3 months of death)	

Date of operation 6/10/42
Major findings of operation: Pregnancy intrauterine
of autopsy: Gastric ulcers

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Peak
Address Johns Hopkins Hosp. Date signed 6/19/42

VS 3

F 93268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

F 93268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 5 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Carrollton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Coates Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Frances Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1904

8. AGE: Years	Months	Days	If less than one day
38	0	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Carey
15. Birthplace Md.

16 (a) Informant Annie Carey Jones
(b) Address 611 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory
Location Howard Co. Md.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave

19 (a) JUN 20 1942 (Date received by Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19-1942 at 3.15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Fractured Skull — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-17-42 at 3 A. M
(c) Where did injury occur? 900 Block Argyle Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck on head with brick

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6/19/42

F 93269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93269 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Edgewood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Von Hausen (Von Hausen)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212 - 01 - 4341

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Belle Loane VonHausen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1875

8. AGE: Years	Months	Days	If less than one day
67	5	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Butcher
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Slingluff
15. Birthplace

16 (a) Informant Mrs. Belle L. VonHausen
(b) Address 405 Edgewood Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave., Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves. Huntington Williams, Mgr.

19 (a) JUN 20 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1942, at 2 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1942, to 6-19 1942, and that I last saw h/m alive on 6-19 1942.

Immediate cause of death Arteriosclerotic Renal disease — Duration 2 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Louis E. Kaufman Jr. M. D.
Address Date signed 6-19-42

VS 3

F 93270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46d

F 93270 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. IRA DAY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Clara E. Day
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1869

8. AGE: Years	Months	Days	If less than one day
72	8	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Ira Day
13. Birthplace Penna.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Clara E. Day, wife
(b) Address 1601 Eutaw Place

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUN 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1942, at 1058? M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to June 18 1942 and that I last saw h alive on June 18 1942

Immediate cause of death

	Duration
Cancer of Rectum	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex D Bubert M. D.
Address 5 E Lach Heights Ave Date signed 20/42

VS 8

74341

F 93271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 Hunnington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Killmeyar or (Kihner)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Seperated

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6 1875

8. AGE: Years	Months	Days	If less than one day
66	8	13 12	hr. min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name August F. Killmeyer
13. Birthplace Maryland

MOTHER
14. Maiden Name Alvina Mispelhorn
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto.

18 (a) Funeral director Philip Krug Sons
(b) Address 2024 Eutaw St

19 JUN 20 1942 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1942 at 8 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1942 to 6-18 1942, and that I last saw him alive on 6-18 1942.

Immediate cause of death Cardiac failure — Duration 4 mos.
Due to Hypertension C.V. disease — Duration 7
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Beckham M. D.
Address Balto. City Hosp. Date signed 6-19-42

93272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93272

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Sharp St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman W. Henry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1859

8. AGE: Years	Months	Days	If less than one day
83	4	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Reczin Henry
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary E Baker (D)
(b) Address 713 Sharp St

17 (a) Burial (b) Date thereof 6-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) JUN 20 1942 Funeral L Brownston
(b) Address 761 W Montgomery St

19 JUN 20 1942 (b) Huntington Williams, M.D. Registrar
(Date Rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1942 to June 16 1942 and that I last saw h[illegible] alive on June 16 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 Days
Due to Arteriosclerosis	10 Yrs
Other Conditions Chronic Nephritis (Include pregnancy within 3 months of death)	3 Yrs.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Bradley M. D.
Address 519 W Lanvale Date signed

F 93273

93273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Spencer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	217-07-0056	M	C	M

6 (b) Name of husband or wife Mary Spencer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1906

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35 36	11	6		

9. Birthplace Anne Arundel Co. (Town, county, and state)
10. Usual Occupation
11. Industry or business Davis Chemical Co.

FATHER
12. Name Charles Spencer
13. Birthplace Anundel Co.

MOTHER
14. Maiden Name
15. Birthplace Anundel Co.

16 (a) Informant Mary Spencer (w)
(b) Address 1022 N Bond
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or crematory Marley Neck Cem
Location Marley Ave Glen Burnie
18 (a) Funeral director Jeremiah L. Brown
(b) Address 1024 W Montgomery St
19 (a) JUN 20 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 10:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942 to June 19 1942, and that I last saw h[illegible] alive on June 19 1942.

Immediate cause of death	Duration
Uremia	
Due to Arteriolosclerotic cardio-vascular-renal disease	
Due to	
Other Conditions Malignant hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Henry Sadler Brown M. D.
Address Mercy Hospital Date June 19, 1942

F 93274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176 Registered No. F 93274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Pulham Ave
(If no definitive location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur B. Hart

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3280

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elsie C Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 29 1905

8. AGE: Years 37 | Months 2 | Days 1920 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name George C Hart
13. Birthplace Maryland

MOTHER
14. Maiden Name Daisy C Hart
15. Birthplace Maryland

16 (a) Informant Mrs Elsie C Hart
(b) Address 3105 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director George A Hayley
(b) Address Fulton & Fayette
(Address) Huntington Williams M.D. Registrar

JUN 20 [redacted]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942 at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to June 18 1942 and that I last saw h[illegible] alive on June 18 1942

Immediate cause of death Pneumonia, lobar — Duration

Due to Following perforated Duodenal Ulcer

Due to generalized peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/15

Major findings of operation: See above

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W M Strayer M. D.
Address Univ Hosp Date signed 6/18

93275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 Registered No. E 93275

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Catonsville (If outside city or town limits write RURAL and give town)
Street No. 5313 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Fitzpatrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mollie Fitzpatrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12 1866

8. AGE: Years 75 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Bagnall
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Buckley
15. Birthplace Ireland

16 (a) Informant David Fitzpatrick
(b) Address 644 N. Bond St Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-42 (month) (day) (year)
(c) Cemetery or crematory Holy Family Cem.
Location Balto Co.

18 (a) Funeral director J. E. Kline & Sons
(b) Address Reisterstown Md.

19 (a) JUN 20 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1942 to 6/20 1942 and that I last saw h[illegible] alive on 6/20 1942.

Immediate cause of death
Hypertensive - Cardio Vascular Disease with
Due to Decompensation
Terminal Bronchi - Pneumonia
Due to Incarcerated - Rt Inguinal Hernia - (Reduced)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Evans M. D.
Address 37 Agnes Hosp. Date signed 6/20/42

41752

F 93276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Volant
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lenhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-42.

8. AGE: Years	Months	Days	If less than one day
	5	18	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Lenhart
13. Birthplace PA

MOTHER
14. Maiden Name Mildred Mack
15. Birthplace PA

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location Indiana, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Water

19 (a) (Signature and title of local registrar) (b) Huntington Mills, Registrar

JUN 21 1942

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH June-20 1942, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to June 20 1942 and that I last saw him alive on June 20 1942.

Immediate cause of death	Duration
Operation — Occipital Ventriculostomy	
Due to Hydrocephalus	2 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Reuling M.D.
Address J. H. H. Date signed 6/24/42

F 93277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

Registered No. F 93277

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Boundary + Fairmont Aves
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town New Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. William Albaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ella B Albaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Edward Albaugh
13. Birthplace Maryland

MOTHER
14. Maiden Name Sadie Unkefer
15. Birthplace Maryland

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1942 (Month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Liberty Town Md

18 (a) Funeral director Powell + Albaugh
(b) Address Liberty Town Md

19 (a) (Date rec'd by registrar) JUN 24 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1942, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to June 21 1942 and that I last saw him alive on June 21, 1942.

Immediate cause of death	Duration
Respiratory failure.	
Due to Pneumonia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home + Inf. Date signed 6/24/42

F 93278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 93278

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Portland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marijona (Mary) Waitekunas

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1611

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Karolis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Lucy Mukunkas
(b) Address 716 Portland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Rasmukas Sons
(b) Address 602 Wash. Blvd

19 (a) (Date received by Registrar) Huntington Williams Jr. Registrar

JUN 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19- 1942, at 7:20 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on the date and from the evidence obtained by Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.

Date signed 6-19-42

F 93279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 93279

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Cottage Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Weinstock

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Mayer
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah
15. Birthplace Poland

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy. & Hamilton Ave

18 (a) Funeral director Jewish Memorial Inc
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by local registrar) JUN 23 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1942 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1942 to 6/20 1942 and that I last saw h[im] alive on 6/20 1942

Immediate cause of death Pneumonia — Duration

Due to Atelectasis (Post-operative)

Due to Supra-pubic prostatectomy

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation 6/16/42

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julius Gelber M.D.
Address Sinai Hospital Date signed 6/20/42

F 93280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93280 (rev)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Nathan Rosenblatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced (Married)

6 (b) Name of husband or wife Sophie Rosenblatt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Jewish Hill Rd

18 (a) Funeral director Jack Langsner
(b) Address 1439 E. Pratt St

19 (a) (Date rec'd by registrar) (b) Huntington Wilson, Registrar

JUN 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to June 19 1942 and that I last saw him alive on June 19, 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Cerebral Accident c hemiplegia (left arm)	
Due to Hypertensive Cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Gutstadt M.D. M. D.
Address Sinai Hosp. Date signed June 20, 1942

F 93281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 93281 1/2a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hop. !!
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mins
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 Carroll St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Rev Dr. Paul W. Quay

3 (b) If veteran, name war — none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Margaret Susemihl
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Nov. 6. 1892

8. AGE: Years	Months	Days	If less than one day
49	7	15	hr. min.

9. Birthplace Phoenixville Pa (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name William Wilson Quay
13. Birthplace Pa

MOTHER
14. Maiden Name Annie Hartman
15. Birthplace Pa

16 (a) Informant Lester L Quay
(b) Address Wayne Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Balto Co Md

18 (a) Funeral director A Bankard & Son
(b) Address Westminster, Maryland

19 (a) (b) Date received by Registrar Huntington Williams MD Registrar
JUN 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 12 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pending microscopic examination	
Due to	
Due to (or a) For transcript Copy back	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 24 1942

F 93282 BALTIMORE CITY HEALTH DEPARTMENT F 93282

CERTIFICATE OF DEATH

93d Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1537 N Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 N Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Handwerger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Morris J

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business Housework

FATHER
12. Name Morris Bazer
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Nathan Hand Werger
(b) Address 1537 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 JUN 21 1942 Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942 at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 21 1942 and that I last saw her alive on June 21 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Arteriosclerotic Hypertension — Duration ?

Due to Cerebro-Vascular Disease

Other Conditions (1) Generalized Arteriosclerosis — Duration ?
(2) Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation: –

of autopsy: –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip F. Lerner

Address 2701 W. North Ave. Date signed 6/21/42 M.D.

F. 93283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 F 93283 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Zochunke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Zochunke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16, 1872

8. AGE: Years	Months	Days	If less than one day
69 yr	7	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name J. George Zochunke
13. Birthplace Germany

MOTHER
14. Maiden Name Ernestine Thieme
15. Birthplace Germany

16 (a) Informant Patient
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Bethania
Location Baltimore Md

18 (a) Funeral director Wallace Col Inc
(b) Address 1219 E Pont St

19 (a) June 21 1942 (Date received) (b) Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/42 19 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12/42 19 to 6/19/42 19 and that I last saw h alive on 6/19/42 19

Immediate cause of death Arteriosclerotic Pt disease — Duration

Due to

Due to

Other Conditions Pat pneumonia pleural effusion 3 mo. Cancer of stomach 1 yr (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Cullen Jr M. D.
Address 1 Chase & Home & Dauphin Ave Date signed 6-22-42

VS 3

F 93284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 93284 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4612 Minnesota Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME REGINA MAY DIETRICH

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 1 16 F

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2. 1940

8. AGE: Years 1 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry Dietrich
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Regina M Watkins
15. Birthplace Md

16 (a) Informant Harry C Dietrich
(b) Address 4612 Minnesota Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 23 42 (month) (day) (year)
(c) Cemetery or crematory Mowland Cem
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1217 E Fayette St

JUN 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 12 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subdural hematoma	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation 6-19-42
Major findings of operation: as above
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 19, 1942 9P.M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury fell out 3rd floor window

23. Signature H. L. Wallenborn M.D. Medical Examiner.
Date signed 6-20-42

Cr Bltchmon 3505 Fait Ave 93285

BALTIMORE CITY HEALTH DEPARTMENT

F 93285 **CERTIFICATE OF DEATH** 93d Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3218 Hart Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Hart Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Lindsay Bassett

3 (b) If veteran, name war	3 (c) Social Security Account No. none
4. Sex: Male	5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married	

6 (b) Name of husband or wife: Susie Bassett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1869

8. AGE: Years 73 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Delaware (Town, county and state)

10. Usual Occupation Builder Artist

11. Industry or business

FATHER
12. Name Joseph Edward Bassett
13. Birthplace Delaware

MOTHER
14. Maiden Name Katherine Little
15. Birthplace Pa Pa

16 (a) Informant Susie A Bassett
(b) Address 3218 Hart Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Col Lee
(b) Address 1210 E Pratt St

19 (a) (Date received by local registrar) JUN 27 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to June 20 1942 and that I last saw h[illegible] alive on June 19 1942.

Immediate cause of death	Duration
(a) Myocarditis	1 yr
Due to (b) Arteriosclerosis	1 yr
Due to (c) Cerebral Hemorrhage	1 wk
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman M. Beerman M. D.
Address 3505 Eden Ave Date signed 6/24/42

F 93286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 93286 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 S. Bethel Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 S. Bethel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MICHALINA CIERZNIAK

3 (b) If veteran, name war ——— 3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 12, 1867

8. AGE: Years	Months	Days	If less than one day
74	9	7	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Janowski
13. Birthplace Poland

MOTHER
14. Maiden Name Franciszka Gorska
15. Birthplace Poland

16 (a) Informant Agnes Cierzniak
(b) Address 610 S. Bethel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1808 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 21 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1941 to June 19 1942, and that I last saw her alive on June 19 1942.

Immediate cause of death: Cerebral Hemorrhage (Apoplexy) — Duration 2 days
Due to: Cardio Vascular Renal Disease — 2
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 6/22/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

6 Hamilton Williams, M.D.

F 93287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a F 93287 REGISTERED NO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Pelham Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Prakenda (Bessie) Jacka

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Vincent

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 9, 1889

8. AGE: Years	Months	Days	If less than one day
52	11	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dey. W. Welgut

13. Birthplace Bruigns, Poland

MOTHER 14. Maiden Name Jadwiga Lipicka

15. Birthplace Mogilno Poland

16 (a) Informant Vincent T. Jacka

(b) Address 2216 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Mt. Carmel Road

18 (a) Funeral director M. F. Sedwick Son

(b) Address 1808 Eastern Ave

19 JUN 21 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1942, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death

Asphyxiation

Due to Hanging

Due to Mental Responsibility

Other Conditions Bruising & Scratching

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-18-42 at P. M
(c) Where did injury occur? 2216 Pelham Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Suspended by neck from water pipe

23. Signature Howard J. Madeira M.D. Medical Examiner

Date signed 6-18-42

VS 6

F 93288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

✓ F 93288 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Kildare Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Thelma Thompson

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	WM	MARRIED

6 (b) Name of husband or wife FRED THOMPSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-1913

8. AGE: Years	Months	Days	If less than one day
29	11	6	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation AT HOME
11. Industry or business

FATHER
12. Name HARRY ANTHONY
13. Birthplace MD

MOTHER
14. Maiden Name ANNA Sullivan
15. Birthplace BALTO MD

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location

18 (a) Funeral director Leonard J Roach
(b) Address 5305 Harford Ave.

19 (a) JUN 21 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1942 at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1942 to 6/19 1942 and that I last saw her alive on 6/19 1942

Immediate cause of death	Duration
Subarachnoid Hemorrhage	4 hrs
Due to Cause unknown	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Thompson
Address St Joseph's Hospital Date signed 6/19/42

F 93289 ✓ F 93289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring. Belvedere
(c) Hospital or institution:
Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5117 Levendale (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Max Budnick

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Fuldatt
(b) Address Greenspring. Belvedere
(b) Date thereof 6/24-42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Mt Carmel
Location Balto Md
18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto St
19 (a) JUN 27 1942 (Date received by Registrar) (b) Registrar
Huntington Williams 6/28

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942, at 11 39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1941 to 6/20 1942 and that I last saw h alive on 6-20 1942.

Immediate cause of death Ch. card. vascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 6/29/42 M. D.

VS 2

F 93290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 93290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmont & A
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (years, months, or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Exeter & (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah Caplan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Max

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 54 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Samuel Gabbonsky
13. Birthplace Russia

MOTHER
14. Maiden Name Deborah
15. Birthplace Russia

16 (a) Informant Hosp. Rec
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery Sadink Org.
Location Hearing Bros.

18 (a) Funeral director Jack Levin Inc
(b) Address 1426 E. Baltimore St

19 (a) (Date received by Registrar) JUN 21 1942 (b) Registrar's signature Routzahn Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21- 1942 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 19 42 to June 21, 19 42, and that I last saw her alive on June 21, 19 42.

	Duration
Immediate cause of death: Acute Heart Failure	
Due to: Coronary Occlusion	
Due to: Arteriosclerotic Heart Disease	
Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Coronary Occlusion, myocardial degeneration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Daniel Guter, M.D. M. D.
Address Sinai Hosp. Date signed June 21, 1942

VS 3

417766
F 93291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

+46b F 93291 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ANNAPOLIS (If outside city or town limits, write RURAL and give town)
(d) Street No. 70 PLEASANT st (If rural give location)
(e) Citizen of foreign country? (Yes or No) J
If yes, name country

3 (a) FULL NAME Louisa Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Sep

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-97

8. AGE: Years	Months	Days	If less than one day
45	5	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H Wife
11. Industry or business

FATHER
12. Name JAMES BRADFORD
13. Birthplace Md

MOTHER
14. Maiden Name Louisa BRAMFORD
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1942 (month) (day) (year)
(c) Cemetery or crematory Brick Ball
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) (Local registrar) Huntington Williams
JUN 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942 to June 20 1942 and that I last saw h alive on June 20 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Pneumonia, bronchopneumonia?	
Due to Brain metastasis from pelvic carcinoma	
Other Conditions Syphilis + arteriosclerosis.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ca stomach; liver metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address Johns Hopkins Hosp. Date signed 6/20/42

F 93292 | BALTIMORE CITY HEALTH DEPARTMENT | F 93292

CERTIFICATE OF DEATH 146c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto 1504 Eutaw Place
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Martha Grove

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 236-28-6328

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Lester P Groves
6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) May 5. 1904

8. AGE: Years	Months	Days	If less than one day: hr.	min.
38	37	1	15	

9. Birthplace Tipton Talbot Md Co (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Cramer
13. Birthplace Md Co

MOTHER
14. Maiden Name Cora Heather
15. Birthplace Kent Co

16 (a) Informant Lester P Groves
(b) Address 1504 Eutaw Place

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/21/42 (month) (day) (year)
(c) Cemetery or crematory Cramer Grove Cem
Location Tipton Talbot Md Co

18 (a) Funeral director Wm Cole Son
(b) Address 1219 E Pratt St

19 (a) JUN 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 9 00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death

Duration

Due to Pending microscopic investigation

Due to (a)(b)

Other Conditions Copy of Path for transcript

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Path.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Slaton M.D. Medical Examiner.
Date signed June 21 1942

F 93293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 93293 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 Edmondson Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Edmondson Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L Murphy (Birth F 51387)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thos Murphy
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dora Vane
15. Birthplace Balto Md

16 (a) Informant Thos Murphy
(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd

18 (a) Funeral director Edward Lentz
(b) Address 1219 Edmondson Blvd

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to June 20 1942 and that I last saw h[illegible] alive on June 20 1942

Immediate cause of death: Prematurity

Due to: Prematurity

Due to:

Other Conditions: Bradycardia Pulmonary Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration: 2 hours

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Earl Pass M. D.
Address 4001 Wilkens Ave Date signed 6-22-42

VS 1

F 93294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 93294

E.S. (23902)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

162

3 (a) FULL NAME Rushen, Carrie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1900

8. AGE: Years	Months	Days	If less than one day
41	9	20 19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ross, King
13. Birthplace Maryland

MOTHER
14. Maiden Name Alberta Kenny
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave Baltimore Md

19 (a) JUN 22 1942 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942 at 8 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1942 to 6-20 1942 and that I last saw her alive on 6-20 1942

	Duration (month, day, or year)
Immediate cause of death: Uremia	
Due to: Arteriolar nephrosclerosis	2
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-22-42

F 93295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 F 93295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Aves.
(c) Hospital or institution: Church Home & Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 South Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Sacks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Simon Sacks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1870

8. AGE: Years 71 | Months 6 5 | Days 26 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Mark Snyder

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Minnie ?

MOTHER 15. Birthplace Russia

16 (a) Informant Simon Sacks

(b) Address 610 S. Hanover St.

17 (a) Burial (b) Date thereof 6-22-42 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery Tamaqua Penn

Location Mach Rd

18 (a) Funeral director Jack Levin Inc

(b) Address 1739 E. Baltimore St.

19 (a) JUN 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to June 21, 1942 and that I last saw deceased alive on June 21, 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Intestinal Obstruction	
Due to Bronchopneumonia	2 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Rosenau, M.D.

Address Church Home & Inf. Date signed 6/22/42

V8 3

F 93296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51b

F 93296 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3486 Auchentoully Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Cohen
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Hattie Rachmel
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 66 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business
FATHER 12. Name Isadore Cohen
13. Birthplace Russia
MOTHER 14. Maiden Name Vokzan
15. Birthplace Russia
16 (a) Informant Irving Cohen
(b) Address 3489 Auchentoully
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Vacian Camp
Location Rozedale
18 (a) Funeral director Jack Levin Inc
(b) 1939 E. Monument St
19 (a) JUN 23 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/42 19 , at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1942 to 6/21 1942, and that I last saw h alive on 6/21 1942

Immediate cause of death Carcinoma of prostate — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julian Gelber M.D.
Address Sinai Hospital Date signed 6/24/42

VS 3

F 93297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148a Registered No.

F 93297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 Dundalk ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jean Harvey

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 0182

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Kenneth Harvey

6 (c) If alive, give age: yrs.

7. Birth date of deceased (mo., day, yr.) Sept 30, 1921

8. AGE: Years 20 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Robt Cleveland
13. Birthplace Canada

MOTHER
14. Maiden Name Hazel McNeil
15. Birthplace Canada

16 (a) Informant Kenneth N Harvey
(b) Address 1619 Cleveland St Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Wolfville
Location Wolfville, Kenwood, Md.

18 (a) Funeral director Wilson & Son Funeral
(b) Address 1217 E Pond St

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 21 1942, and that I last saw her alive on June 21 1942.

Immediate cause of death: fulminating eclampsia gravidarum (Antepartum) — Duration: 18 hrs.

Due to:

Due to:

Other Conditions: Pregnancy Delivered - 1 Stillborn — over

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Mullen M. D.
Address 1000 W. Belvedere Ave Date signed

F 93298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93298 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN M. HARMON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	W	Married

6 (b) Name of husband or wife Joseph A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1895

8. AGE: Years	Months	Days	If less than one day
47	3	32	hr. min.

9. Birthplace Phila, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Zorn
13. Birthplace Holland

MOTHER
14. Maiden Name Julia Dankmann
15. Birthplace Holland

16 (a) Informant Jos. Harmon
(b) Address 434 N. Bath. St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm Cook Jr
(b) Address 1217 Hollins St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hypertension and cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Wallenweber M.D. Asst Medical Examiner.
Date signed 6-19-42

VS 6

F 93299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 93290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 Ellamont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Ellamont St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta A Mae Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 14 1863
8. AGE: Years 79 | Months 0 | Days 5 | If less than one day: hr. min.
9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert King
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Gumbel
15. Birthplace Germany

16 (a) Informant Mrs Howard Schindler
(b) Address 2217 Ellamont St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Wilkens Co Inc
(b) Address 2217 Ellamont St
19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 9 05 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to June 19 1942 and that I last saw h alive on 19
Immediate cause of death: Cerebral Hemorrhage — Duration 10 Day
Due to Cerebral Hemorrhage — 2 mos.
Due to
Other Conditions Fracture of right hip — May 19
(Include pregnancy within 3 months of death)
Date of operation Celtely Hip May 20
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home While at work?
(Specify type of place)
(e) Means of injury Fracture of Rt Hip
23. Signature John McGrann M. D.
Address 612 N 46 Date signed
Howard J. Knadler M.D.

F 93300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2683 St. Benedict St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Conway

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, divorced

6 (b) Name of husband or wife: Edna Conway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1883

8. AGE: Years 59 | Months 3 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Stationary Engineer
11. Industry or business: City Bath Department

FATHER
12. Name: Isaz Conway
13. Birthplace: Md.

MOTHER
14. Maiden Name: Caroline Metdriff
15. Birthplace: Md.

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Baltimore

18 (a) Funeral director: [illegible]
(b) Address: 1219 Dulaney Pl.

19 (a) JUN 22 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-21- 1942, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1942 to 6-21-1942 and that I last saw h. im alive on 6-21-1942.

Immediate cause of death

Pulmonary tuberculosis — Due to — Duration: 6 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Hartzler Jr. M. D.
Address Balt. City Hosp. Date signed 6-21-42

VS 8

F 93301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157e

F 93301 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6523 Detroit Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peggy Lee Taylor

3 (b) If veteran, name war — W

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. — NBE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1941

8. AGE: Years — Months 7 Days 3 If less than one day hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clinton Randolph Taylor
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Ratliff
15. Birthplace West Virginia

16 (a) Informant Clinton Taylor
(b) Address 6523 Detroit Ave Dundalk Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/23/42 (months) (day) (year)

(c) Cemetery or crematory Emmanuelle
Location Emmanuelle N C

18 (a) Funeral director Wm Cook Son
(b) Address 1217 E Pratt St

19 (a) [illegible] (Date received by Registrar) Huntington Williamsport Md
JUN 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 1:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1942, to 6/21 1942, and that I last saw h[illegible] alive on 6/21 1942.

Immediate cause of death Cardiac Failure — Duration: Few Hours

Due to Congenital Heart Disease — Duration: Since Birth

Due to

Other Conditions Malnutrition & retarded growth
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Kerlin, M. D.
Address Mercy Hospital Date signed 6/24/42

VS 3

F 93302 3066 F 93302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered; if unknown, say so. Do not leave blanks. Be careful to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Phipps

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1896

8. AGE: Years	Months	Days	If less than one day
46	3	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John B. Phipps
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Harris
15. Birthplace Md.

16 (a) Informant Mrs. Elrod G. Harris
(b) Address 434½ Bergen Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory All Hallows Church
Location Anne Arundel Co. Md.

18 (a) Funeral director Wilson Ford, Inc.
(b) Address 219 4th Ave. Huntington Williamsport, Md.

19 (a) JUN 23 1942 (Date rec'd by Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 5:15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Cause	Duration
Immediate cause of death Shock	
Due to Multiple comminuted fractures	
Due to Struck by auto.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8-3
(a) Accident, suicide, or homicide accident.
(b) Date of occurrence June 19 1942 at 7:20 PM
(c) Where did injury occur? Edison Highway & Alley 3
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 21 1942

VS 6

F 93303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 93303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Cecil Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN Henry BECHTOLD

3 (b) If veteran, name war: U. S. Navy
3 (c) Social Security Account No. 215-10-7096

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene G. Bechtold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1887

8. AGE: Years 54 | Months 5 | Days 26 | If less than one day: hr. min. 25

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation: Store manager
11. Industry or business: Confectionery

FATHER
12. Name: Jacob Bechtold
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louise Holzappel
15. Birthplace: Germany

16 (a) Informant: Mrs. Irene G. Bechtold
(b) Address: 2021 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23/1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Baltimore Md

18 (a) Funeral director: John Ulrich
(b) Address: 2008 Huntington Ave, Md

19 (a) JUN 22 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 4 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to:

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: No

Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
2nd Medical Examiner.
Date signed 6-19-42

VS 6

F 93304

BALTIMORE CITY HEALTH DEPARTMENT 83a

CERTIFICATE OF DEATH

F 93304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Division
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgina Brooks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife William Brooks
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-26-69

8. AGE: Years	Months	Days	If less than one day
72	6	20	hr. min.

9. Birthplace Alexander Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Washington
13. Birthplace Alexander Va

MOTHER
14. Maiden Name
15. Birthplace Alexander Va

16 (a) Informant William Brooks
(b) Address 1502 Division St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Charles H. Burkett
(b) Address 528 Lanvale St.

19 JUN 22 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942. 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 20 1942. and that I last saw deceased alive on June 20 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 5 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edwards M.D.
Address 759 Lanvale St Date signed June 20 1942

VS 3

F 93305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 14

F 93305 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ✓Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 MARSHALL (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dixie Bartee BARTEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-36

8. AGE: Years	Months	Days	If less than one day
6	2	2	hr. min.

9. Birthplace MICHIGAN (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name FRANK Bartee
13. Birthplace Ky

MOTHER
14. Maiden Name IRMA Dempsey
15. Birthplace Michigan

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory J. Furnace
Location So. Portsmouth, Ohio
18 (a) Funeral director W. H. Caskey
(b) Address 130 E. Fort Ave.

JUN 22 1942 (c) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 21 1942, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 12 1942, to JUNE 21 1942, and that I last saw h@R alive on JUNE 21 1942.

Immediate cause of death	Duration
Tuberculosis of meninges and central nervous system	15 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Fiedler M. D.
Address Johns Hopkins Date signed Jun 21 1942

74475

F 93306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93306 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) No Home Daughter's Address
(d) Street No. 528 S. Elwood Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Stewart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name George Stewart
13. Birthplace Maryland

MOTHER
14. Maiden Name Cecelia Stanbury
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Dundalk Md

18 (a) Funeral director Clarence F. Hoffman
(b) 1300 N. Broadway

19 (a) JUN 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1942 at 5.58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1942 to 6-18 1942 and that I last saw him alive on 6-18 1942

Immediate cause of death	Duration
Cardiac Failure	2 wks.
Due to Hypertensive Cardio-Vascular Disease	?
Due to	
Other Conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas B. Cole M.D.
Address Balto City Hosp Date signed 6-18-42

VS 3

F 93307

F 93307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓164a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 Chilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RICHARD GERDING

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 28-193

8. AGE: Years 11 | Months 9 | Days 8 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School.

11. Industry or business

FATHER
12. Name J. Edwin Jr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Nell. E. Rosberry
15. Birthplace Baltimore Md

16 (a) Informant J. Edwin Jr.
(b) Address 1821 Chilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor. ave.

18 (a) Funeral director Clarence F Hoffman
(b) Address 1639 N Broadway

19 JUN 22 1942 (Signature) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 12. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging by strap
Due to Suicide
Due to Mental derangement
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence June 19, 1942 at 11 a.m. M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury belt strap

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 6-19-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93308 F 93308

CERTIFICATE OF DEATH

93e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Valley View Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

2. FULL NAME Louisa M. Reinking

If U. S. Veteran specify WAR

(a) Residence: No. 4313 Valley View Ave. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Deitrich F. Reinking

6. DATE OF BIRTH (month, day, year): 10/27/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: George Theile

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT: Mr. George Reinking

(Address): 4313 Valley View Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 6/23/42 19

19. UNDERTAKER: Wm. J. Tickner & Sons

(Address): North & Pa. Aves.

20. FILED JUN 22 1942 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 3 1942 to June 20 1942

I last saw her alive on June 19 1942. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Indefinite
Senile Debilitas	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. H. Hargrove M. D.

(Address) 311 W. Hoffman Street

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington Hillsdale 8

F 93309

F 93309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 658 Hoffman St (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Barrett Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race c | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1893

8. AGE: Years 48 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Buckingham Va (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER 12. Name Wyatt Jones

13. Birthplace Buckingham Va

MOTHER 14. Maiden Name Betty Johnson

15. Birthplace Appomattox Co Va

16 (a) Informant Sarah Jones

(b) Address 558 Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mr Katie R. Williams

(b) JUN 22 1942 Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 6:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 20 1942 and that I last saw alive on June 19 1942

Immediate cause of death Uremia — Duration 1 Week

Due to Hypertension Cardio-Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Pechling

Address Provident Hosp. Date signed 6/24/42

VS 3

F 93310

417638 F 93310 BALTIMORE CITY HEALTH DEPARTMENT 158d Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town N Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Myrtle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gross - Wendell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1930

8. AGE: Years	Months	Days	If less than one day: hr.	min.
6	6	22		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Gross
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Parker
15. Birthplace Md

16 (a) Informant Records Johns Hopkins Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Charles St, Balto, Md

19 (a) JUN 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 20 1942 and that I last saw him alive on June 20 1942

Immediate cause of death	Duration
Cardiac failure	1 week
Due to Rheumatic heart disease	14 yr.
Due to Acute Rheumatic fever	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Fulcher M. D.
Address Johns Hopkins Hosp Date signed 6-20-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 93311 | BALTIMORE CITY HEALTH DEPARTMENT 83a F 93311 |
CERTIFICATE OF DEATH Registered No.

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 W. Overlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 W. Overlea Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA V. PRICE

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Robert R. Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1881

8. AGE: Years 60 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name J. T. Cooper
13. Birthplace Unknown

MOTHER
14. Maiden Name Katherine Gruner
15. Birthplace Unknown

16 (a) Informant Mr. Robert R. Price,
(b) Address 4105 W. Overlea Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Lorraine Funeral Home
(b) Address 7402 Belair Road

19 (a) JUN 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1942 5:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 20 1942
and that I last saw him alive on June 20 1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Arteri Sclerosis — 6 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward Benson M. D.
Address 1 W. Overlea Date signed 6/22/42

VS 8

F 93312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

F 93312
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Leydold & Brantly Sts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Tony Colarito

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None.	None.	Male	White	Widowed

6 (b) Name of husband or wife Jennie Colarito
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 19. 1874.

8. AGE: Years	Months	Days	If less than one day
68.	5	30	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Frank. Colarito
13. Birthplace Italy

MOTHER
14. Maiden Name Columbia Colarito
15. Birthplace Italy

16 (a) Informant Josephine Fitzgerald
(b) Address 89 Prospect St. B.V.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Riddell & Hupp
(b) Address 312-3 Highland Ave Huntington Williams, Md.

19 (a) JUN 22 1942 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to June 17 1942 and that I last saw him alive on June 17 1942.

Immediate cause of death	Duration
Carcinoma of head of pancreas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light Street Date signed 6-18-42

VS 8

F 93313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 W. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 W. Hoffman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hanna Rogers — Hanna Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Rockingham N.C. (Town, county, and state)

10. Usual Occupation Homemaker.

11. Industry or business

FATHER
12. Name Henry Covington
13. Birthplace Rockingham N.C.

MOTHER
14. Maiden Name Martha Ellaby.
15. Birthplace Rockingham N.C.

16 (a) Informant Daniel Rogers
(b) Address 333 Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A.A. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) 1000 N. Monroe St.

19 (d) JUN 22 1942 (Date rec'd by registrar) (b) Huntington Williamsville, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 12 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Uremia
Nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Scarborough M.D. Medical Examiner.
Date signed June 21 1942

F 93314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 93314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levendale - Belvedere
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Levendale Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Feldman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Sol Apple
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Sig J. Sublett
(b) Address Levendale - Belvedere

17 (a) Burial (b) Date thereof June 22, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levindon & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUN 22 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1934 to 6-21 1942 and that I last saw her alive on 6-21 1942.

Immediate cause of death Hypertension
Arterio sclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin, M.D.
Address Levendale Date signed 6/21/42

VS 8

F 93315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 93315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2526 W Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 2526 W Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) 61 yr years

3 (a) FULL NAME Albert Henry Duwel (DUWEL)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Catherine M. Duwel
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) December 13-1862

8. AGE: Years	Months	Days	If less than one day
79	6	7	hr. min.

9. Birthplace Brunswick Germany (Town, county, and state)
10. Usual Occupation Grocery man
11. Industry or business Grocery.

FATHER
12. Name unknown
13. Birthplace Brunswick, Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Brunswick, Germany

16 (a) Informant Augusta Duwel
(b) Address 2526 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Loring, Byers.
(b) Address 5005 Pk Heights Ave

19 (d) JUN 22 1942 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 15 1938 to June 20 1942, and that I last saw h[illegible] alive on June 20 1942.

Immediate cause of death Cerebral Hemmorhage — Duration 7 days

Due to Hypertension — Duration unknown

Due to — Duration —

Other Conditions Bronic Cerebral Hemmorhage. — Duration 4 yrs ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M.D. M. D.
Address 2532 Edmondson Ave Date signed 6-20-42

F 93316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 93316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5353 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Geary (Baptismal Name F 51324)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/21/42

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Geary
13. Birthplace Balto Md

MOTHER
14. Maiden Name Virginia Spurrier
15. Birthplace St Michaels Md

16 (a) Informant Howard Geary
(b) Address 5363 Park Heights Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Young & Lyons
(b) Address 504 Park Heights Ave

19 (a) JUN 22 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1942, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1942, to 6/21 1942, and that I last saw h[illegible] alive on 6/21 1942

Immediate cause of death	Duration
Prematurity (24 weeks)	
Due to: Partial placenta separation & placenta	9 hours
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Note: Born at
Major findings of operations 4:20 P.M. by Cesarean Section
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. H. Young, M.D.
Address Mercy Hosp Date signed 6/21/42

MFR F 93317 74445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 93317 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 N. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Ripper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) [illegible] widowed

6 (b) Name of husband or wife John Henry Ripper (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1864

8. AGE: Years 78 | Months 2 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Rode
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Hemstetter
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 1212 N. Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Walth ave. Baltimore Md.

18 (a) Funeral director John C. Myller Inc.
(b) Address 2435 E. Eleven St.

19 (d) JUN 22 1942 Huntington Williams, M.D.

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942 at 6 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1942 to 6-20 1942.
and that I last saw her alive on 6-20 1942.

Immediate cause of death: Cardiac Failure — Duration 2 days
Due to: Coronary Occlusion — Duration 4 hrs
Due to: Arteriosclerotic Cardio-Vascular Disease — Duration 16 days
Other Conditions: Intertrochanteric Fracture, Lt Femur
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/4/42 at M
(c) Where did injury occur? 1212 N. Montford Ave Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall down steps

23. Signature Donald B. Stebbins M. D.
Address Balto City Hosp Date signed 6/24/42
Robert Lee Graham M.D.

F 93318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93d

F 93318 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE KRAUS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 23/1863

8. AGE: Years	Months	Days	If less than one day
78	11	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Elias Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunda Pfester
15. Birthplace Germany

16 (a) Informant Mrs. James Benton
(b) Address 115 N Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 6.35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner
Date signed 6-20-42

F 93319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47c

F 93319 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 3421 Elliott St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H. Fries

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212 05 8345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Elizabeth Fries

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 29 1890

8. AGE: Years	Months	Days	If less than one day
51	6	22	hs. ____ min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business BAUGH CHEMICAL CO.

FATHER
12. Name Simon Fries
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Elizabeth Muir
15. Birthplace Germany

16 (a) Informant ELIZABETH FRIES (WIFE)
(b) Address 3421 ELIOTT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilyard Keiler INC.
(b) Address 1000 E. MOLER ST. Baltimore, Md.

JUN 22 1942

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942, to June 20 1942, and that I last saw him alive on June 20 1942.

Immediate cause of death	Duration
Bronchiogenic carcinoma	
Due to	
Due to	
Other Conditions Contributing	

(Include pregnancy within 3 months of death)

Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Henry Dorder Surgeon
Address Mercy Hospital Date June 20, 1942

VS 3

F 93320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93320

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 443 E 25th St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 443 E. 25th Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L Schofield

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 79. Months — Days — If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation — Housewife

11. Industry or business

FATHER

12. Name Daniel Sheehan

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Kelly

15. Birthplace Ireland

16 (a) Informant Anna Schofield

(b) Address 443 E. 25th St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location —

18 (a) Funeral director Mary M Wiedefeld

(b) Address 501 E 25th & Huntington Ave

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1942 at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940. to June 1942 and that I last saw h alive on 6-18- 1942.

Immediate cause of death: Chronic Myocarditis — Duration 3 years

Due to: Hypertension — 7 years

Due to: — Previous History

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. W. Peghe M. D.

Address 450 Harford Road Date signed 6-19-42

VS 3

F 93321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1146d F 93321 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga St.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 302 E. 20th St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Della F. Williams Parker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-18-1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	21	3		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name	Peter E. Kelly
FATHER — 13. Birthplace	Ireland
MOTHER — 14. Maiden Name	Kate O'Dea
MOTHER — 15. Birthplace	Ireland.

16 (a) Informant Resp. Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Mary M. Wiedefeld

(b) Address 424 E. Fayette St.

19 (a) JUN 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1942 to 6/21 1942 and that I last saw h alive on 6/21 1942

Immediate cause of death Cardiac failure

Due to Cachexia

Due to Cancer of Rectum ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Nov. 1941

Major findings of operation: Carcinoma of rectum & metastasis.

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. Ford Parker M.D.

Address Mercy Hospital Date signed 6/24/42

VS 3

F 93322

F 93322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive

(c) Hospital or institution:

U. S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2703 Ulman Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Isidor Morris Appel

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218-18-4043

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carolyn Lowenberg

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 10, 1888

8. AGE: Years	Months	Days	If less than one day
54	2	11/10	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business --

FATHER

12. Name Isaac M. Appel

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Emma Leopold

15. Birthplace Balto., Md.

16 (a) Informant Records - U. S. Marine Hospital

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42. (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director David Lowenberg & Son

(b) Address 1902 Eutaw Place

19 (a) (Date received by Local Registrar) JUN 22 19[illegible] Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1942 to June 20 1942, and that I last saw him alive on June 20 1942.

Immediate cause of death	Duration
Bronchial pneumonia	2 days
Due to Congestive failure	6 mos.
Due to Degeneration myocardium	unknown
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature U. S. Marine Hospital

Address Balto., Md. Date signed 6/22/42 M. D.

F 93323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

'43d F 93323 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 N. Washington Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Ross Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-5653

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Beulah S. Gibson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1881

8. AGE: Years	Months	Days	If less than one day
60	6	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Edna Smith Armstrong
(b) Address 3942 Dolfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Army.
Location Baltimore Md

18 (a) Funeral director John D. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D.

JUN 22 1942

VS 6

MEDICAL CERTIFICATION 45

20. DATE OF DEATH June 20 1942 at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerotic cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: -
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grotta M.D. Medical Examiner.
Date signed June 24 1942

F 93324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93324 / 924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4309 Maine Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4309 Maine Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank H. Hugg

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Blanche Bowman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1871

8. AGE: Years	Months	Days	If less than one day
70	10	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Cashier
11. Industry or business B & O Railroad

FATHER
12. Name John A. Hugg
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Susannah Margaret Jones
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Harrison M. Baldwin
(b) Address 4309 Maine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 (a) JUN 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1942 at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 1915 to June 20, 1942, and that I last saw him alive on June 19, 1942.

Immediate cause of death: Chronic Aortic Regurgitation — Duration 18 years

Due to Arteriosclerosis — Duration 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lex K Shiveley M. D.
Address 10 E. Biddle St Date signed 6/20/42

VS 3

F 93325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 93325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Roslyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 5412 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY L. SHIPLEY

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Reuben F.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 16, 1869
8. AGE: Years 72 | Months 8 | Days 4 | If less than one day hr. min.
9. Birthplace Westminster Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Robert F Shipley
13. Birthplace Md
MOTHER 14. Maiden Name Elizabeth Davis
15. Birthplace Md
16 (a) Informant Mrs John E Tinder
(b) Address 5412 Reisterstown Rd
17. Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Arlington Md
18 (a) Funeral director Nelson Colton
(b) Address 1217 E Pratt St
19 (a) (b) Huntington Williams M.D.

JUN 22 1942

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942 at 1:50 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed 6-19-42

F 93326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy Miller Jr. (Booth F 32623)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-4-41
8. AGE: Years | Months: 10 | Days: 17 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Percy Miller Sr.
13. Birthplace Nice Virginia

MOTHER
14. Maiden Name Allegra Lowretta
15. Birthplace Va.

16 (a) Informant Percy Miller
(b) Address 1022 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs. R. H. Elliott Hollingsworth
(b) Address 1129 N. Caroline St

JUN 23 1942 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1942 to 19 .
and that I last saw him alive on 6-18 1942

Immediate cause of death: infected meningocele — Duration: Sev days
Due to: spinal bifida
Due to: Hydrocephalus both congenital
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. [illegible]
Address 1510 E. Madison St Date signed 6-22-42

Rayner Browne Gilbert Co. Baltimore Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30a Registered No. E 93327

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1537 Bush St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Burgundy St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Susie E. Hackman

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Howard J. Hackman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1877

8. AGE: Years 65 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Elizabeth, New Jersey (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Lawrence Bomley
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Howard J. Hackman
(b) Address 921 Burgundy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1942 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Lanahan, Eng.
(b) Address 414 N. Franklin

19 (a) JUN 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 10:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1934 to June 20, 1942 and that I last saw Jan alive on Jan 18, 1942

Immediate cause of death: Acute Heart Failure — Duration 1 day

Due to Arteriosclerosis

Due to Foot Sores

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 926 Woodland Ave Date signed 6/22/42

VS 3

93328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95 b

Registered No. E 93328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 1675

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Herbert Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1910

8. AGE: Years	Months	Days	If less than one day
32	-	23	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Brown
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Victoria Taylor
15. Birthplace Va.

16 (a) Informant Herbert Green
(b) Address 522 N. Carrollton Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) [illegible] Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/42 19 at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/42 19 to 6/20/42 19 and that I last saw her alive on 6/20/42 19

Immediate cause of death — Duration

Heart Failure

Due to Rheumatic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L Jules M. D.
Address Franklin Square Date signed 6-22-42

93329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 E 93329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State My (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Joseph Thomas.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1940

8. AGE: Years	Months	Days	If less than one day
1	6 18	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Turner
13. Birthplace

MOTHER
14. Maiden Name May Thomas
15. Birthplace Baltimore, Md.

16 (a) Informant May Thomas
(b) Address 425 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Western Star Cem.
Location Balto. CO. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1942 12.00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Respiratory Failure	
Due to Chronic Intestinal Gastro-enteritis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph O. McNally M.D. Medical Examiner.
Date signed 6/22/42.

V8 6

F 93330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

956 F 93330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 David Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgiana Price

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1884

8. AGE: Years	Months	Days	If less than one day
58	4	23	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business

FATHER
12. Name Albert Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Back Lee
15. Birthplace Virginia

16 (a) Informant Bernard Johnson
(b) Address 508 David Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 JUN 22 1942 Huntington for Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 9:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to June 22 1942 and that I last saw her alive on June 22 1942

Immediate cause of death Chronic Heart Failure

Due to Rheumatic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling

Address Provident Hosp Date signed 6/24/42

VS 3

F 93331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a Registered No. F 93331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light ST
(c) Hospital or institution: So. Balto. Genl.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 - Bonaparte Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jamison, Roman Phillip (Roman Phillip Jamson) (Jansen)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Marie C. (Bohnert)
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 9/7/1887
8. AGE: Years 54 | Months 9 | Days 13 | If less than one day — hr. — min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto. City F. Dept.

FATHER
12. Name Charles Jamison
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Fichner
15. Birthplace Pa.

16 (a) Informant Roman C. Jamison
(b) Address 1757 - Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore.

18 (a) Funeral director George D. Ruth Son
(b) Address 731 Hollins Ave
(b) Huntington Williams, M.D.

JUN 22 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 9 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942 to June 20 1942, and that I last saw h[illegible] alive on June 20 1942.

Immediate cause of death Pulmonitis — Duration 48 hrs
Due to Ruptured Peptic Ulcer — Duration 24 hrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6/19/42
Major findings of operation: Ruptured Peptic Ulcer
of autopsy: Supp. - Pulmonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Hatzfeld
Address South Balt. Gen. Hosp. Date signed June 21, 42

F 93332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d

F 93332 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

7-4

3 (a) FULL NAME Clarence A. Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	214 16 5677

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ina A. Whitney
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1886

8. AGE: Years	Months	Days	If less than one day
55	5	20	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Biden Stationary Co.

FATHER
12. Name John Myers
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Catherine Walforth
15. Birthplace Balto., Md.

16 (a) Informant Records - U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Geo. L. Berger & Son
(b) Address 836 Hollins St.

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Huntington W. Smith, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 42, at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 19 42 to June 20 19 42 and that I last saw h im alive on June 20 19 42.

Immediate cause of death	Duration
Cachexia and inanition	
Due to Carcinoma of rt. lung (recurrent)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Aug. 5, 1940
Major findings of operation: Rt. Pneumonutomy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U.S. Marine Hospital Balto., Md. Date signed

F 93333 Freudenberger

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 93333 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 S. Woodyear
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Woodyear (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Freudenberger

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife George Freudenberger 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 - 1865

8. AGE: Years	Months	Days	If less than one day
77	4	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name August Roettger
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Horn
15. Birthplace Germany.

16 (a) Informant Lena Bolla
(b) Address 320 S. Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1942 (Month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Ave. Balto. Md.

18 (a) Funeral director R. C. & B. M. Walters
(b) Address 121 S. Stricker St.

19 (a) JUN 29 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1942, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 1942 and that I last saw alive on June 21, 1942.

Immediate cause of death: Pulmonary Edema — Duration 4 weeks
Due to Myocardial Failure
Due to Chronic Nephritis
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bayless M. D.
Address 600 Wilkens Ave Date signed 6/22/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

3334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 93334
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Underline correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE M. COFIELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife R. Thos Cofiell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1870

8. AGE: Years 72 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name — Stumpf
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mary Volk (Daughter)
(b) Address 3508 Harrison Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto Co.

18 (a) Funeral director Edw. C. Tipton
(b) Address Hampstead, Md.

19 JUN 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1942, at 3:12 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1942 to 6-22 1942, and that I last saw her alive on 6-22 1942

Immediate cause of death: Pulmonary Embolism (?) — Duration: 12 Mins (?)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Removal gaenta Sanguineous effusion 6/13/42
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. Lawlor M.D.
Address Md. Gen. Hosp. Date signed 6/23/42

VS 3

93335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

F 93335 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Lift Street
(c) Hospital or institution South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Oakmont Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~[illegible]~~ Elsie Leibold Fear (nee Mitchell)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7955

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herbert C. Fear
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) July 25, 1908

8. AGE: Years	Months	Days	If less than one day
33	10	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Jas. L. Martin Co. Plant #2

FATHER
12. Name Charles J. Mitchell (J.)
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Harriet A. Thalman
15. Birthplace Balto., Md.

16 (a) Informant Herbert C. Fear (Husband)
(b) Address 3615 Oakmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Hill Cem.
Location A. A. Co., Md.

18 (a) Funeral director P. Howard Evans
(b) 1400 E. Chase St.

19 (a) JUN 22 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1942, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1942 to 6/19 1942 and that I last saw h[illegible] alive on 6/19 1942.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	29 Hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Seiler M. D.
Address Sp. Ba. 14. Gen. Hosp. Date signed 6/19/42

VS 3

93336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93336

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 Maisel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 Maisel St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Dedder

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Sophie Dedder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1870

8. AGE: Years 72 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs Catherine Barber
(b) Address 1902 Sumpter worth

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 19[illegible]
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director A. Hoyard Evans
(b) Address 1102 S. Carlton St

19 [illegible] 22 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 42, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 19 42 to June 20 19 42
and that I last saw h[illegible] alive on June 20 19 42.

Immediate cause of death
Cerebral Hemorrhage — Duration 2 days
Due to Mild Hypertension
Due to Arteriosclerosis Generalized
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl Steinfeldt M.D.
Address 2201 Annapolis Md Date signed June 22 1942

VS 3

93337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 93337 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please answer all questions correctly. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Binghampton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles JOHN Bastek (VASTIK)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2,

8. AGE: Years 21 | Months | Days | If less than one day hr. min.

9. Birthplace Binghampton, N. Y.
(Town, county, and state)

10. Usual Occupation Airplane Worker

11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Charles Vastik
13. Birthplace Checko - Slovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Checko Slovakia

16 (a) Informant Louis Peeko
(b) Address Binghampton N. Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 22-42 (month) (day), (year)
(c) Cemetery or crematory Vestal memorial
Location Vestal, N. Y.

18 (a) Funeral director John J. Donnelly
(b) Address 418 Eastern Ave; Binghampton N.Y.

JUN 22 1942
(Date filed by Registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 20 1942, M
(c) Where did injury occur? Bretzy Point Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bathing Lake While at work? No
(Specify type of place)
(e) Means of injury Drowning

23. Signature Robert Lee Gratacap M.D.
Medical Examiner.
Date signed June 21 1942

V8 6

93338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 93338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Menlo Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Blacker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER
12. Name Louis Blacker
13. Birthplace Russia

MOTHER
14. Maiden Name Lillian Schapiro
15. Birthplace Russia

16 (a) Informant Ellis Aaronson
(b) Address 3606 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oakwood Hebrew Cemetery
Location Richmond Va.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) JUN 22 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1942 at 1.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1942 to 6/22 1942 and that I last saw h[illegible] alive on 6/22 1942

Immediate cause of death Myocardial Failure — Duration

Due to Hypertensive C-V Disease

Due to Coronary Sclerosis

Other Conditions Chronic Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Geehan M.D. M. D.
Address Sinai Hospital Date signed 6/23/42

VS 3

93339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 93339
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 30, S.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr Jacob Louis Winner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17 1871

8. AGE: Years	Months	Days	If less than one day
70	6	4	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation

11. Industry or business Dr.

FATHER
12. Name Abraham Winner
13. Birthplace Poland

MOTHER
14. Maiden Name Dora Lieben
15. Birthplace Poland

16 (a) Informant Milton Winner
(b) Address 205 Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (Month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) JUN 22 [illegible] (Date rec'd by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to June 21 1942
and that I last saw h[illegible] alive on June 21 1942

Immediate cause of death
General Arteriosclerosis
Chronic Myocarditis — Duration 3 yrs / 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M. D.
Address 129 S. Bway Date signed 6/27/42

98340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54 B

Registered No. F 93340

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Collington Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John Wiedorfer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-06-4094

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married.

6 (b) Name of husband or wife Marie Wiedorfer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1900

8. AGE: Years	Months	Days	If less than one day
41	7	19	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Brewery worker.
11. Industry or business

FATHER
12. Name George Wiedorfer
13. Birthplace Germany

MOTHER
14. Maiden Name Sonie Brondel
15. Birthplace Germany.

16 (a) Informant Marie Wiedorfer
(b) Address 514 No. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Galto Md

18 (a) Funeral director Frank Brockbon
(b) Address 900 N. Chester St

19 (a) 6/22/42 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to June 20 1942, and that I last saw him alive on June 20 1942.

Immediate cause of death: Primary tumor of brain, posterior fossa glioma.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 14, 1942
Major findings of operation: Tumor of brain, left, right, near tentorium
of autopsy:

Duration
1-2 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence S. Ommaya M. D.
Address University Hospital Date signed 6-20-42

VS 3

F 93341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93341 Registered No. 1318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 N Bruce Street
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 N Bruce Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Alexander

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife: none

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) December 30, 1931

8. AGE: Years 10 | Months 5 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation child -

11. Industry or business

FATHER
12. Name Robert Wilson Alexander
13. Birthplace Richmond, Virginia

MOTHER
14. Maiden Name Beulah Lively
15. Birthplace Baltimore Maryland

16 (a) Informant Robert W. Alexander, Father
(b) Address 35 N Bruce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Monument St

19 (a) JUN 23 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 10:30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 20 1942, and that I last saw him alive on June 20 1942.

Immediate cause of death Chronic nephritis with uremia + acidosis

Due to gastric carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A T Lawrence M.D.
Address University Hosp Date signed 6/20/42

VS 23 1942 Huntington Williams, M.D.

F 93342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 K F 93342 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 McCullough Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SIMON CYRINA BARNES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War	Unknown	Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	11	22		

9. Birthplace St. Mary's County, Maryland
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace St. Mary's County, Maryland

MOTHER
14. Maiden Name Mary Anna Corndius
15. Birthplace Washington, D. C.

16 (a) Informant Records- U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 6-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto city

18 (a) Funeral director Reginald L. Brown & Son
(b) Address 108 W Monument St

19 (a) JUN 23 1942 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1942, at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11, 1942, to June 19, 1942, and that I last saw him alive on June 19, 1942.

	Duration
Immediate cause of death: Uremia	1 week
Due to: Chronic nephritis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury:

23. Signature [signature] M. D.
Address U. S. Marine Hospital, Baltimore, Maryland Date signed 6/20/42

VS 2

F 93343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93343

CERTIFICATE OF DEATH

✓ 124 b

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Hanover St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Green

If U.S. Veteran specify WAR .....

(a) Residence: No. 805 S Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced (or) WIFE of — Moses Green

6. DATE OF BIRTH (month, day, year) — 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Savage

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Moses Green 805 Hanover

18. BURIAL, CREMATION, OR REMOVAL Place Cluttyon Burial Date 6/23, 1942

19. UNDERTAKER (Address) Isaac C. Bramble 1010 Montgomery St

20. FILED JUN 23 1942, 19 Huntington Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1942

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1942 to 6/20, 1942

I last saw her alive on 6/19, 1942. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	6 mo.
Cirrhosis of Liver	
ascites - Chronic	
myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Druckman M. D.

(Address) 1222 W Lee St

X L—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 93344

F.S. (73745)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 93344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Pugh

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) December 18, 1867

8. AGE: Years 74 | Months 5 6 | Days 33 2 | If less than one day: hr. min.

9. Birthplace Ala. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name James L. Pugh
13. Birthplace Ala.

MOTHER
14. Maiden Name Serena Hunter
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Ridge
Location Dorsey Md

18 (a) Funeral director Mellvyn Coleman
(b) Address 1219 E Pratt St

19 (a) JUN 23 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1942 to 6-20 1942 and that I last saw h[illegible] alive on 6-22 1942

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to: Hypostasis — ?
Due to: Urinary Extravasation due to urethral stricture — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Webb M. D.
Address Balto City Hosp Date signed 6-24-42

F 93345 — Dr Moore 3105 Belair Rd — F 93345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 91

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 N Gaywood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 N Gaywood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Houst

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Catherine Houst
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 9, 1852
8. AGE: Years 89 | Months 8 | Days 11 13 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Boiler maker Retired
11. Industry or business R.R.

FATHER
12. Name George Houst
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Charles J Houst
(b) Address 3812 N Gaywood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wm C Fox Sons
(b) Address 1219 E Fayette St

19 (a) [illegible] (b) Huntington Willemain Registrar
JUN 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to June 22 1942 and that I last saw h[illegible] alive on June 18 1942.

Immediate cause of death: Arteriosclerosis — Duration 5 yrs.
Due to: Senility
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Dawson Moore M. D.
Address 3105 Belair Rd Date signed 6-22-42

F 93346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93346 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Eutaw Pl.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Sargeant

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Lacey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Greensboro, N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ogden A. Storbeck
13. Birthplace N.C.

MOTHER
14. Maiden Name Julia Storbeck
15. Birthplace N.C.

16 (a) Informant Charles D. Sergeant
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wm. Cook Inc.
(b) Address

19 (a) (Date rec'd by Registrar) 6/23 1942 (b) 6/23/42 Huntington Williamsville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1942, at 6 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death: Acute Cardiac Failure — Duration
Due to: Chronic Alcoholism
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner
Date signed 6/22/42

VS 6

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 93347 Quick F 93347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Nicholas Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ######
(c) City or town ✓ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Nicholas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur A. Qiuck

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 212-10-9808

4. Sex: Male | 5. Color or race: Wht. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pearl Quick
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1879

8. AGE: Years 63 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Tool & Die Maker

11. Industry or business Blacker & Decker

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant James A. Quick
(b) Address 3009 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JUN 23 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1942, to 6/20 19 42 and that I last saw h alive on 6/18 19 42.

Immediate cause of death: Myocardial failure — Duration

Due to: Cong. Heart failure

Due to: Chr. Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold L. Gilbertson M. D.
Address 4027 Falls Rd. Date signed 6/22/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 93348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 21 B

F 93348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Schroder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry B Schroeder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-73

8. AGE: Years	Months	Days	If less than one day
68	11	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Conrad Elm
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Borchall
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1942 (month) (day) (year)
(c) Cemetery or crematory St Pauls
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2005 Arlington

19 (a) Huntington Millington, Md (Date rec'd by registrar)

JUN 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942 at 5 PM 45

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1942 to June 21 1942, and that I last saw h[illegible] alive on June 21 1942

Immediate cause of death: Pulmonary edema

Due to: Retroperitoneal Abscess

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 5-2-42

Major findings of operation: Retroperitoneal Tumor

of autopsy: ?? Abscess

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Drummond Eaton M. D.
Address Johns Hopkins Hospital Date signed 6-23-42

F 93349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 93349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2633 N Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2633 N Howard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Manning Coleman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry L. Coleman

6 (c) If alive, give age 57 years

7. Birth date of deceased, (mo., day, yr.) 2/20/1886

8. AGE: Years 56 | Months 4 | Days — | If less than one day hr. min.

9. Birthplace Nova Scotia (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Leander Manning

13. Birthplace Canada

MOTHER 14. Maiden Name Florence Lorett

15. Birthplace Canada

16 (a) Informant Harry Coleman

(b) Address 2623 N Howard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Rural

18 (a) Funeral director John Ulrich

(b) Address 200 E Orleans

19 (a) (Date rec'd by registrar) — Registrar

JUN 23 1942

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to June 20 1942, and that I last saw him alive on June 20 1942

Immediate cause of death: Hypertension — Coronary Arteriosclerosis — Duration: 3 yrs

Due to: Diabetes Mellitus — Duration: 6 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. E. Cross

Address 28 W 25th St Date signed 6-24-42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Accuracy in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93350 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1691 DADLEY AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1691 Dadley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E Buchman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. —

4. Sex F
5. Color or race WI
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Howard Buchman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-2-1878
8. AGE: Years 63 Months 6 Days 18 If less than one day hr. min.
9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Ast Hsekpr
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace " "
MOTHER 14. Maiden Name " "
15. Birthplace " "
16 (a) Informant Geo W Buchman
(b) Address 702 Chestnut Hill Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-42 (month) (day) (year)
(c) Cemetery or crematory Morland
Location
18 (a) Funeral director George J Pinder
(b) Address 5305 Harford Ave
19 JUN 23 1942 (Date) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942, at 11:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1941, to June 20 1942 and that I last saw her alive on June 20 1942.

Immediate cause of death
Paralysis
Due to Cerebral Hemorrhage
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration
Two days
Indefinite
Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H E Richardson
Address 1170 W. 25th Date signed June 21, 42

VS 3

F 93351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131b F 93351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Loudon Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town [redacted] Burlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted]
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Florence E. Wagner

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 13, 1875

8. AGE: Years: 66 | Months: 9 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Milliner

11. Industry or business: employed by self

FATHER
12. Name: Henry G. Wagner
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Anna Rebecca King
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. Charles H. Wagner
(b) Address: 2016 Kennedy Ave.

17 (a) burial (Burial, cremation, or removal) **(b) Date thereof** 6/24/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Frederick Rd., Balto., Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pennsylvania Ave.

19 (a) JUN 23 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942, to June 21 1942, and that I last saw h-- alive on June 21 1942.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	10 yrs
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John DeYoung Jr. M. D.
Address [redacted] Gen. Hosp. Date signed 6/21/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 93352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

F 93352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AGNES DUGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Norman H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1867

8. AGE: Years	Months	Days	If less than one day
74	6	--	hr. min.

9. Birthplace Hampton, Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER / FATHER
12. Name Conrad Spengler
13. Birthplace Pa.
14. Maiden Name Mr. Henry Dugan
15. Birthplace 5 S. Carrollton Ave.

16 (a) Informant Mr. Henry Dugan
(b) Address 5 S. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory Mummerts Meeting House
Location East Berlin, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons Huntington Williamsport, Md.
(b) Address North & Pa. Ave.

19 (a) JUN 29 1942 (Date rec'd) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20 1942 to 6-21 1942 and that I last saw her alive on 6-21 1942.

Immediate cause of death Pernicious Anemia — Duration year

Due to

Due to

Other Conditions Hypertension Cerebral Hemorrhage (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Nature of injury

23. Signature Roy Williams
Address Univ. Hosp. Date signed 6-30-42

VS 1

F 93353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106C Registered No. F 93353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital G.V.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md (b) County [redacted]
(c) City or town Edgewood city
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] Willow Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Maria Trott (Birth F-45600)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1942

8. AGE: Years	Months	Days	If less than one day
	3	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Vernon Trott
13. Birthplace Sykesville, Md.

MOTHER
14. Maiden Name Pearl Salt
15. Birthplace Groote, Md.

16 (a) Informant Mother
(b) Address Edgewood City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Wardi Chapel Cemetery
Location Liberty Rd. Balto. co. Md.

18 (a) Funeral director C. Harry Keyser
(b) Address [redacted] Huntingtown, Williamsport, Md.

19 JUN 23 1942 (Date received by Registrar) (Huntingtown, Williamsport, Md.)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 22 1942 and that I last saw h[illegible] alive on June 22 1942.

Immediate cause of death Lobar pneumonia, Duration 18 days
Due to Streptococcemia
Due to
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Major findings: Of operations Tracheotomy.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Johns, M. D.
Address Sydenham Hosp Date signed 6-23-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

VS 3

412331 F 93354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 93354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Caldwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Benjamin Gray
13. Birthplace Md.

MOTHER 14. Maiden Name Susan Goldman
15. Birthplace Md.

16 (a) Informant Record JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) JUN 23 1942 Thurston H. Williams, M.D. Registrar

19 (a) (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 1245 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 2 1942 to June 22 1942 and that I last saw h[illegible] alive on June 22 1942.

Immediate cause of death: Cardiac Failure

Due to: Hypertensive Heart Disease

Due to: Intestinal resection — Duration: 3 mo.

Other Conditions: Mesenteric Thrombosis
(Include pregnancy within 3 months of death)

Date of operation: March 10, 1942

Major findings of operation: Mesenteric Thrombosis

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature R. Greif M. D.
Address Date signed

JL- 74770

F 93355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a Registered No. F 93355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife Thomas Robinson (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/25/[illegible]

8. AGE: Years	Months	Days	If less than one day
62	10	27	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Harold Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Curtis
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. R. Kelson
(b) Address 1305 Riggs Ave.

19 JUN 23 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1942 at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1942 to 6/22 1942 and that I last saw h[illegible] alive on [illegible] 1942.

Immediate cause of death Uremia

Due to Arteriosclerosis

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 3 weeks
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 6/23/42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

93356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 93356 Registered No.

2900 Reisterstown Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be CAREFULLY supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts.
(c) Hospital or institution Hospital for Women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 2900 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Goldsmith (Birth F-51484)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1942

8. AGE: Years	Months	Days	If less than one day
		7 6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Robert Slahman Goldsmith
13. Birthplace Milwaukee, Wis.

MOTHER
14. Maiden Name Minnette Helen Barlow
15. Birthplace Leavenworth, Kan.

16 (a) Informant Mrs. Minnette H. Goldsmith
(b) Address 2910 Reisterstown Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 22 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUN 22 1942 (Date rec'd by registrar) (b) Nitiaus, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 9 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1942 to June 20, 1942, and that I last saw h.e. alive on June 20, 1942

Immediate cause of death Pneumonia

Due to Emaciation

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation —

of autopsy Not yet completed

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. DiPaula M. D.
Address Hospital for Women Date signed 6-22-42

VS 2

9180 of Md.

93357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

19 42 Registered No. F 93357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give exact residence and correct age in all cases where it can be obtained. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954-Forrest St.

(c) Hospital or institution: Maryland Penitentiary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 8 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Fla (b) County

(c) City or town West Palm Beach
(If outside city or town limits, write RURAL and give town)

(d) Street No. 609½ - 3rd St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Haywood

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/3/1909

8. AGE: Years	Months	Days	If less than one day
32	10	2	hr. min.

9. Birthplace West Palm Beach, Fla.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Haywood

13. Birthplace Georgia

MOTHER 14. Maiden Name Eva Wax

15. Birthplace Florida

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

UNIVERSITY MEDICAL SCHOOL JUN 22 1942

18 (a) Funeral director

JUN 22 1942

19 (a) (Date rec'd by registrar) (b) JUN 22 1942 Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1942, at 12:14 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1942, to June 5 1942, and that I last saw him alive on June 5 1942.

Immediate cause of death Dislocation of 5th Cervical vertebra

Due to Execution by hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Lantzy Jr. M. D.

Address 1123-St. Paul St. Date signed 6-5-42

VS 2

9181

93358 For. 4426 — Wilfred Hall Birth Rec. Fa. 3523 — F 93358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos. or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County J
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 E. Lafayette Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Sheppard (Birth F-51046)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			17 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Carl Roy Sheppard
13. Birthplace Harlanville, Penn

MOTHER
14. Maiden Name Lois Evelyn Boyer
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 22 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 22 1942 (b) H. Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1942 to 6/13 1942 and that I last saw him alive on 6/13 1942

Duration

Immediate cause of death Prematurity
Due to Birth after 6 mos. intrauterine life.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilfred K. Knight M.D.
Address 2140 Eutaw Pl. Date signed 6/14/42

VS 3

9179 KONIGSBERG

F 93359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 93359

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balt Gen. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Walnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Margorie Helwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Norm Helwig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1 1907

8. AGE: Years	Months	Days	If less than one day
35 33	3	19 20	hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John C Fuchs
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mabel Haas
15. Birthplace N.Y.

16 (a) Informant John C Fuchs
(b) Address 1103 Walnut ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1941 (month) (day) (year)
(c) Cemetery or crematory Rolling Green
Location New Cumberland Pa

18 (a) Funeral director Harry H Wilzbe
(b) Address 1116 Edmondson ave

19 (Date received) JUN 23 1941 (Signature of registrar) Huntington Hollins Hall MD Huntington Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1941 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1941 to June 21 1941 and that I last saw her alive on June 21 1941.

Immediate cause of death Chronic Cellulitis of both thighs

Due to 3rd degree burns of thighs - also 1st + 2nd degree burns Arms and legs - 2nd degree burn face -

Other Conditions Pneumonia

Delivered Nov. 9, 1941 (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration April 2, 1941 To June 21 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 2, 1941 at A M
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Gas flame explosion

23. Signature Joshua W Berman

Address W 3 6 1 7. Date signed 6-23-41

Howard L. Madden, M.D. Jr.

F 93360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 93360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Egerton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Lake Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LEON W. HIMMEL

3 (b) If veteran, name war ------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1870

8. AGE: Years	Months	Days	If less than one day
71	8	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Com. Furniture
11. Industry or business Mafgr.

FATHER
12. Name Moses L. Himmel,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hannah Coblens,
15. Birthplace Balto. Md.

16 (a) Informant Mr. Isidor Himmel,
(b) Address 909 Lake Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Memorial Service
(b) Address 1902 Eutaw Place

19 JUN 23 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd. 1942 at 12.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1942 to June 22 1942. and that I last saw h. alive on June 22 1942.

Immediate cause of death Myocarditis
Arteriosclerosis

Due to

Due to

Other Conditions Ascites and general anasarca
(Incl. pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Reader M. D.
Address 2306 Eutaw Place. Date signed 6-23-42

VS 8

F 93361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93361
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Eutaw Place.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Eutaw Place.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA JOLINE HUTZLER

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife David Hutzler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1855

8. AGE: Years	Months	Days	If less than one day
86	9	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joel Gutman,
13. Birthplace Germany.

MOTHER
14. Maiden Name Bertha Coblens,
15. Birthplace Balto. Md.

16 (a) Informant Mr. A. Hutzler,
(b) Address 1801 Eutaw Place.

17 (a) Burial (b) Date thereof 6/24/42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Har Sinai Cem.
Location Balto. Md.

18 (a) Funeral director Harris Levenson & Levy
(b) 1417 Eutaw Place.

19 (a) JUN 23 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd. 1942, at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1941, to June 22 1942, and that I last saw h[er] alive on June 22, 1942.

Immediate cause of death
Carcinoma metastasis cerebral — Duration 2 mos.
Due to Carcinoma Breast — 2 yrs.
Esophagus — 12 yrs.
Due to
Other Conditions Arteriosclerosis
Renal calculus
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
(e) Means of injury
23. Signature Charles L. Hutzler M. D.
Address 1417 Eutaw Place. Date signed 6-23-42.

VS 3

Austrian

F 93362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161 F 93362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Augusta ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara W. Powell

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-1651

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	Married

6 (b) Name of husband or wife Joseph Powell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1902

8. AGE: Years	Months	Days	If less than one day
39	6	27	hr. min.

9. Birthplace Dunn, N.C. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name John Woodall
13. Birthplace N.C.

MOTHER
14. Maiden Name Kate McNeal
15. Birthplace N.C.

16 (a) Informant Joseph Powell
(b) Address 702 Augusta Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Dunn
Location North Carolina

18 (a) Funeral director Byron & Manie Wright
(b) Address 724 Augusta St. Huntington Williams

19 (a) JUN 23 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Shot wound of chest.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence June 20 1942 at M
(c) Where did injury occur? 702 N. Augusta St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Shotgun

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed June 21 1942

F 93363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 F 93363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1000 Caton ave.

(c) Hospital or institution: Jenkins Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1032 Bentalou St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Catherine Grimes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ George W. Grimes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1851

8. AGE: Years	Months	Days	If less than one day
91	4	17	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Glennon

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Hanlon

15. Birthplace Ireland

16 (a) Informant Hospital Record.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1942 (month) (day) (year)

(c) Cemetery or crematory Taylorsville

Location Taylorsville, Carroll Co. Md.

18 (a) Funeral director C. M. Waltz

(b) Address Winfield Md.

19 (a) JUN 23 1942 (b) Date received Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1942, to June 22 1942, and that I last saw h[illegible] alive on June 21 1942.

Immediate cause of death

Cardiac failure

Due to Arteriosclerosis C-J-D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Arthur Bowers M.D.

Address St. Agnes Hosp. Date signed 6/23/42

VS 3

F 93364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93364 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Olivia Smalling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Everett H.
6 (c) If alive, give age ——years

7. Birth date of deceased (mo., day, yr.) Nov 15-1874

8. AGE: Years	Months	Days	If less than one day
67	7	7	___ hr. ___ min.

9. Birthplace Norfolk Va
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Parsons
13. Birthplace Norfolk Va

MOTHER
14. Maiden Name Mollie Frandelum
15. Birthplace Norfolk Va.

16 (a) Informant Ella Sykes
(b) Address 1910 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Mamie Cook Sykes
(b) Address 1600 W. North Ave

19 (a) JUN 23 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to June 1942 and that I last saw her alive on June 16 1942.

Immediate cause of death Carcinoma Stomach — Duration 11 Months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. W. Peake
Address 6-22-42 Date signed 1508 Hanford Road

VS 8

F 93365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93365 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 E 38 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm Wallace Arthur Kendall

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1904

8. AGE: Years	Months	Days	If less than one day
38 40	5	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph W Kendall
13. Birthplace md

MOTHER
14. Maiden Name Hope Greenwood
15. Birthplace md.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Towson Md

18 (a) Funeral director John A. Wilson
(b) JUN 23 1942 Chas E. Bach. M.

19 (a) (Date rec'd by registrar) (b) Dr. Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942 at 6-15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1942 to 6-21 1942 and that I last saw him alive on 6-21 1942

Immediate cause of death: Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions: Cerebral hemorrhage 5 days; Hypertension CV disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature F. Trabue M. D.
Address Union Memorial Hosp Date signed 6-24-42

F 93366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 304

F 93366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. If none, correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Saratoga & Calvert Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County 26 10

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 322 S. Bouldin St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) ✓

If yes, name country

3 (a) FULL NAME Edward Barlow Comegys

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Comegys

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1877

8. AGE: Years 64 | Months 9 | Days 20 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business City Hall

FATHER 12. Name Cowding Comegys

13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca Bryan

15. Birthplace Md.

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick Road.

18 (a) Funeral director John D. Hodgen

(b) 1 JUN 25 1942 Wm. E. Babb

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 2 1/2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to June 24 1942, and that I last saw h e alive on June 20 1942.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertensive cardio-vascular disease	
Due to Diabetes	
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William A. Abaron M. D.

Address Mercy Hospital Date signed

VS 3

F 93367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 93367 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Effa R. Fischer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Fischer
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 26, 1880

8. AGE: Years	Months	Days	If less than one day
62	-	26	hr. min.

9. Birthplace Winchester, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Barrett
13. Birthplace Winchester, Va.

MOTHER
14. Maiden Name Mary Anna Wingerter
15. Birthplace Winchester, Va.

16 (a) Informant Mr. Frederick Fischer
(b) Address 1408 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Winchester, Va.

18 (a) Funeral director Miller Lawrence
(b) Address 1005 W. Baltimore St.

19 JUN 23 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 7.07 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to June 22 1942 and that I last saw h ER alive on June 22 1942

Immediate cause of death: Cardio Vascular Renal — Duration 2

Due to

Due to

Other Conditions Arterial Sclerosis — 5 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St. Date signed June 22, 1942

VS 3

F 93368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 F 93368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lexington Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 603 Cedar Croft Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Fisher

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years aft 12 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Mcsymaney Fisher
13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Kearney
15. Birthplace Ireland

16 (a) Informant Miss Anna M. Fisher
(b) Address 603 Cedar Croft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's Seminary
Location Homewood and Cold

18 (a) Funeral director J. J. Foley Home
(b) Address 1518 Light St.

19 (a) JUN 23 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1942, at 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942, to June 21 1942, and that I last saw h.i.m alive on June 21 1942.

Immediate cause of death Cardiac Failure — Duration Approx. 4 Mos.

Due to Carcinoma of Stomach

Due to

Other Conditions Hypertension C.V.D. Senility (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Kerr M.D.
Address Mercy Hospital Date signed 6/24/42

F 93369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 Augusta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Baker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Isreal Baker
13. Birthplace Russia

MOTHER 14. Maiden Name Hinda Gluck
15. Birthplace Russia

16 (a) Informant Sam Kolnick
(b) Address 7 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E Baltimore St

19 (a) JUN 23 1942 (Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942 at 12 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple fractures of skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5-1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 22 1942 at M
(c) Where did injury occur? Cor. Baltimore & Augusta St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? 45
(e) Means of injury Struck by truck

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 23 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 93370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 598 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 598 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Hines

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-1881

8. AGE: Years	Months	Days	If less than one day
61	1	0	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Tobe Leadbetter
13. Birthplace N.C.

MOTHER
14. Maiden Name Evelyn Scarborough
15. Birthplace N.C.

16 (a) Informant Lottie Blue (sister)
(b) Address 1330 U St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co. Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar
JUN 23 1942

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942 at 11:20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & his Examination (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy & his examination (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardio-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 23 1942

F 93371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Centerville (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harold Montague Hardesty

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1899

8. AGE: Years 42 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Greenstown, Maryland
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Spedden O. Hardesty
13. Birthplace Cardova, Md.

MOTHER
14. Maiden Name Elizabeth Montague
15. Birthplace Greenstown Co., Md.

16 (a) Informant Records - U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Centreville
Location Centreville, Md.

18 (a) Funeral director E. L. Fanning & Son
(b) Address 1938 E. Lafayette ave

JUN 23 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942, to June 22 1942, and that I last saw him alive on June 22 1942.

	Duration
Immediate cause of death: Pulmonary tuberculosis, far advanced	4 yrs.
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation --

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams
U.S. Marine Hospital M. D.
Address Baltimore, Maryland Date signed 6/23/42

F 93372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C Registered No. F 93372

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Castle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Simon Cikowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pauline Cikowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1852

8. AGE: Years	Months	Days	If less than one day
890	7	8	hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation retired Merchant
11. Industry or business Grocery

FATHER
12. Name Unk.
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Pauline Cikowski
(b) Address 119 S Castle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/24/47 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by reg.) Huntington Williamsport

JUN 23 19

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1947, at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to June 22 1942, and that I last saw h[illegible] alive on June 22 1942

Immediate cause of death	Duration
Myocardial Degeneration	2 mos.
Due to Senility.	
Due to	
Other Conditions Hypertrophy of Prostate	2 yrs.

(Include pregnancy within 3 months of death)

Date of operation not
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Zagrodnik, M. D.
Address 1802 Eastern Ave. Date signed 6-23-47

F 93373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56 B

F 93373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2529 W North Ave

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2529 W. North Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Zenobia Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Jesse Miller

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) June 11 - 1912

8. AGE: Years	Months	Days	If less than one day
30	5	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Albert Little

13. Birthplace Baltimore

MOTHER 14. Maiden Name Eva Berryman

15. Birthplace Baltimore

16 (a) Informant Jesse C Miller

(b) Address 2529 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-42 (month) (day) (year)

(c) Cemetery or crematory Westview

Location New Cut

18 (a) Funeral director Charles P Towell

(b) Address 2427 Edmondson Ave

19 JUN 23 1942 (Date received by Local Registrar) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1942 at 1 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1942 to 6/22 1942 and that I last saw h alive on 6/22 1942

Immediate cause of death Generalized toxemia — Duration

Due to Pelvic peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. J. Stevens

Address Mercy Hospital Date signed 6/22/42

VS 1

F 93374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be filled in. Use figures for dates and ages. Do not abbreviate. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Bentalou Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Colley

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-01-7384

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Loretta K. Colley.

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): July 20-1893

8. AGE: Years: 48 | Months: 11 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Collingswood - N.J.
(Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Majestic Pie Co.

FATHER
12. Name: Thomas Colley
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Sallie Hitaffer
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Loretta K. Colley.
(b) Address: 611 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 25-42 (month) (day) (year)

(c) Cemetery or crematory: Western Cemetery.
Location: Baltimore - Md.

18 (a) Funeral director: Charles J. Lefurd.
(b) Address: 505 N. Monroe St.

19 (a) (b) Huntington Williams, M.D. Registrar

1761 82 NAF

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22- 1942 at 7:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Formal autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Formal autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed Chest — Duration

Due to

Due to

Other Conditions: Respiratory Embarrassment
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 6-22-42 at 7 A.M.
(c) Where did injury occur? Balto. (City or town) Carlin (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury: Collision of Auto - Truck & Automobile

23. Signature: Howard J. Woodcock M.D.
Medical Examiner.

Date signed: 6-22-42

V8 6

F 93375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 93375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Caroline St
(c) Hospital or institution St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 N. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Carroll Pirie Jr

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 21 1941

8. AGE: Years 1 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none.

FATHER 12. Name George C. Pirie

13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Id. Spencer

15. Birthplace Westminster Md

16 (a) Informant Mrs. G. C. Pirie - (Father)

(b) Address 1238 N. Ellwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore City

Location Baltimore

18 (a) Funeral director Shivan Mowers Co.

(b) Address 1048 Mont Ave.

19 (a) JUN 23 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1942 at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1942 to 6/20 1942 and that I last saw h alive on 6/20 1942

Immediate cause of death Heart Failure — Duration 10 min

Due to Acute myocarditis — 10 min

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Jongsma M. D.

Address St Joseph's Hospital Date signed 6/20/42

VS 3

93376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. E 93376

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Schroeder St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Briscoe (Birth F-5165)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-42

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Chas. Briscoe
13. Birthplace Maryland

MOTHER
14. Maiden Name — Brown
15. Birthplace Maryland

16 (a) Informant Chas Briscoe
(b) Address 309 N. Schroeder St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 22 1942

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 23 1942 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-42 19 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1942 to 6-14 1942 and that I last saw h[illegible] alive on 6-13 1942.

Immediate cause of death
Prematurity — Duration 36 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Hunter, Jr. M. D.
Address University Hospital Date signed 6-14-42

VS 1

9188

93377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44B Registered No. F 93377

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(c) Length of stay in Baltimore (yrs., mos., or days) just arrvd.

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Boston (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Lexington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Michael Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Maria ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1884

8. AGE: Years	Months	Days	If less than one day
58	1	7	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business

FATHER
12. Name Michael Doyle
13. Birthplace Canada

MOTHER
14. Maiden Name Agnes Doyle
15. Birthplace Canada

16 (a) Informant Records - U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof June 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy cross
Location Medford, Mass

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) [illegible] (b) Huntington Hill Registrar

JUN 25 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 2:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to June 22 1942, and that I last saw him alive on June 22 1942

Immediate cause of death: Hemoperitoneum — Duration: 1 day
Splenomegaly — unknown
Due to: Hodgkin's disease sarcomatous type — over
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 6-22-42
Major findings of operations: Aspiration biopsy of spleen.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] U.S. Marine Hospital M. D.
Address Balto., Md. Date signed 6/23/42

93378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 93378
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where applicable. Do not leave blanks. If date is unknown, state approximate date. Be sure that the cause of death is stated so that it can be understood by a physician in a distant city. Do not use abbreviations or symbols. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1092 Augusta St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/1926

8. AGE: Years 16 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimor Md
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name John Butler
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Margarett Bedford
15. Birthplace Baltimore Md.

16 (a) Informant Margarett Butler
(b) Address 1088 Augusta St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/25-42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial
Location Baltimore Md.

18 (a) Funeral director Leitch Bros
(b) Address 1408 Ashland Ave.
(Hunting for Mitchell Mfg.)

19 JUN 23 [illegible]
(Date received by Registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 4.55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation of the Coroner thereof and from the evidence obtained by said Investigation of the Coroner find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 20 1942, M
(c) Where did injury occur? Foot of Henry St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? Yes
(Specify type of place)
(e) Means of injury Drowning

23. Signature Robert Lee Gaither M.D.
Medical Examiner.
Date signed June 21 1942

93379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 F 93379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Rosalie Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nettie Eleanor Pilkerton - Goddard -

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/1872

8. AGE: Years	Months	Days	If less than one day
70	3	4	hr. min.

9. Birthplace St. Mary's County (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name O. R. Goddard
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Alexander Elsie Edwards
(b) Address 3110 Rosalie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5306 Harford Road

19 (a) JUN 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to June 22 1942, and that I last saw h[illegible] alive on June 22 1942.

Immediate cause of death: Hypostatic Pneumonia
due to Chronic Myocarditis
Due to Arthritis Deformans
Due to Decubitus sore & general skin infection of Staphylococcus type
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration: Four Days, 1 Yr

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Harford Rd. Date signed 6/23/42

VS 1

F 93380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1946

Registered No. F 93380

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4608 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 - Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George P. Debes

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-7965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Sabina Debes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1860

8. AGE: Years	Months	Days	If less than one day
81	6	16	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name John Debes

13. Birthplace ?

MOTHER 14. Maiden Name Clara Wagner

15. Birthplace ?

16 (a) Informant Cloyniys Debes

(b) Address 53A Catalpa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- (month) 42 (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Brooks

(b) Address 5305 Harford Road

JUN 23 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 1942, to 6/23/ 1942 and that I last saw him alive on 6/22 1942.

Immediate cause of death	Duration
Carcinoma of Sigmoid colon.	
Due to	
Due to	
Other Conditions Senility - Funeral auto Illness	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Brooks Bayliss, M.D.

Address 5217 - Harford Rd. Date signed 6/23/42

VS 3

F 93381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 F 93381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2770 Alameda Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2770 Alameda Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelm Grunder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Clementine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1858

8. AGE: Years 84 | Months 7 3 | Days 28 | If less than one day hr. min.

9. Birthplace Germany (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs. Marie Preston

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location a a

18 (a) Funeral director Maurice J. Flynn

(b) Address 1422 Light St.

19 (a) JUN 23 1942 (Date received by local registrar) (b) Livingston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to June 29 1942 and that I last saw h alive on June 22 1942

Immediate cause of death Acute Heart Failure — Duration 9 Days

Due to Myocarditis

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Thomas M.D.

Address 919 Edmondson Ave Date signed 6/29/42 M. D.

93382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93382

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 S. Pulaski St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore City
(d) Street No. 35 S. Pulaski Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Nagel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John S. Nagel
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 9/13/76

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	9	18		

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name John H. Grosscup
13. Birthplace Germany

MOTHER
14. Maiden Name L. Schofsden
15. Birthplace New York

16 (a) Informant John S. Nagel
(b) Address 35 S. Pulaski St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director H. B. Wippert & Son
(b) Address 1800 Eutaw Place

19 JUN 23 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1942, at 7.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Cardiovascular disease

Due to —

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Trimble M.D. Medical Examiner.
Date signed 6/21/42.

V8 4

F 93383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" where necessary. If unknown, write "Unknown" or supply approximate date. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Illinois St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Culpepper (If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Richardsville, Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Coleman
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Hayes
15. Birthplace Va.

16 (a) Informant Norman Terrell
(b) Address Culpepper Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/23/42 (month) (day) (year)
(c) Cemetery or crematory Location Culpepper Va.

18 (a) Funeral director Terry Funeral Home
(b) Culpepper Va.

19 (a) JUN-23 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942, to 6-21 1942 and that I last saw h alive on 6-21 1942.

Immediate cause of death Carcinoma of L. breast followed by metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3-20-42
Major findings of operation: Carcinoma involving breast and all of the Axillary glands -
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1202 N. Caroline Date signed 6-23-42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93384

CERTIFICATE OF DEATH

131a

Registered No. F 93384

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N. Port- St., Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Nettie H. Maulsby

If U. S. Veteran specify WAR

(a) Residence: No. 1816 N. Port St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harris Maulsby

6. DATE OF BIRTH (month, day, year) June 22 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Thomas Calrson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Spencer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Louis Swann

(Address) 1816 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery 6-26-42

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 N Broadway

JUN 24 1942 H. Taylor Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 9 1942 to June 22 1942

I last saw h[illegible] alive on June 21, 1942. Death is said to have occurred on the date stated above, at 2:38 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	2 J
Bronchopneumonia	2 J
Arteriosclerosis + Hypertension	1 Mo J
Other contributory causes of importance Chronic Pancreatitis, Nephritis	1 Mo J

Was an operation performed? No Date of

For what disease or injury?

Name of operation Low.

What test confirmed diagnosis? Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos J. A. Thomas, M. D.

(Address) 378 Harford Rd

State information should be carefully supplied. Any false statement as to any of these items may be properly classified. Kind of business or industry should be stated. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Kind of business or industry should be stated. OCCUPATION is very important. See instructions on back of certificate.

F 93385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a F 93385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 W. Read ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 W. Read St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harkey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Calmus, N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Harkey
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Bass
15. Birthplace N.C.

16 (a) Informant Mrs Virginia Harkey
(b) Address Charlotte, N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory
Location Charlotte, N. C.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Huntington Williams, MR (Date received by registrar) Registrar

JUN 24 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 at 7:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion		Duration
Due to			
Due to			
Other Conditions			

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 23rd 1942

F 93386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓157 M Registered No. F 93386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use black ink. Do not abbreviate. Write out the full name of the city, county, and state. Give the correct age in years, months, and days. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimora (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William T. Dwyer 3rd (Birth F-5 1146)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/2/1942

8. AGE: Years	Months	Days	If less than one day
—	—	21	— hr. — min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William T. Dwyer Jr.
13. Birthplace Md.

MOTHER
14. Maiden Name Pauline R. Parks
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Co. Md.

18 (a) Funeral director George M. Ruth Inc.
(b) Address 538 Hanford Comm. Bldg. Huntington Williamsport, Md.

19 (a) JUN 24 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 23 1942, and that I last saw him alive on June 23 1942.

Immediate cause of death ? Uremia.
Due to 5. Malformation of Kidneys - Congenital
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anne Fulaker M. D.
Address Johns Hopkins Hosp. Date signed 6-23-42

VS 8

F 93387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

F 93387 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as practicable. Underline the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 61 da.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Little Tim St
(If outside city or town limits, write RURAL and give town)

(d) Street No. 924 Littlewine St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Smith 93424

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Wilks
13. Birthplace ?

MOTHER
14. Maiden Name Alice
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) 1000 Bland Pl and

19 (a) JUN 24 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 42 at 6:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1942, to June 21 19 42, and that I last saw her alive on June 2, 19 42.

Immediate cause of death	Duration
Pulmonary tuberculosis	3mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathbun

Address Balto. City Hosp Date signed 6-25-42 M.D.

F 93388 MD 70412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

F 93388 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia Breckels

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William (D)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 17th, 1889
8. AGE: Years 52 | Months 10 | Days 5 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name August Kywicki (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Josphine Brown (D)
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) X (Burial, cremation, or removal) (b) Date thereof June 25-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director John J. Linda
(b) Address 2847 W. Lafayette St
JUN 24 1942 Huntington for Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22-42 19 , at 8.55 AM

21. I certify that death occurred on the date above stated: that I attended deceased from 12-7-41 19 , to 6-22-1942, and that I last saw h.e. alive on 6-22-1942

Immediate cause of death Uremia — Duration

Due to Chronic nephritis

Due to

Other Conditions Hypertension - Rheumatic heart Disease - Diabetes
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Ross M. D.
Address Balt City Hosp Date signed 6-23-42

VS 2

F 93389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 93389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 105 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George R Gaither-Smith

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	divorced

6 (b) Name of husband or wife Eugenia Rogers
(c) If alive, give age years
not living

7. Birth date of deceased (mo., day, yr.) Oct 17, 1879

8. AGE: Years	Months	Days	If less than one day
62	8	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business —

FATHER 12. Name Chandler P. Smith
13. Birthplace D. C.

MOTHER 14. Maiden Name Henrietta Gaither
15. Birthplace Howard Co. Md.

16 (a) Informant Matilda P. M. Comas
(b) Address Calvert Court apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/42 (month) (day) (year)
(c) Cemetery St. Johns
Location Ellicott City, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 806 Eutaw Place

19 (a) JUN 24 1942 (b) Signature of Registrar Thomas Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic cardio-vascular disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grayson, Medical Examiner
Date signed June 23 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

F 93390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 93390 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 N. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 N. Castle St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Dixon Guy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret B. Pierce
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	30	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph Guy
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Gourley
15. Birthplace Ireland

16 (a) Informant Margaret B. Guy.
(b) Address 1816 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) JUN 24 1942 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942, to June 21 1942 and that I last saw him alive on June 21 1942.

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence none at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature L. L. Grady M. D.
Address 5106 Boyd St. Date signed 6-23-42

F 93391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

F 93391 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or county. Do not use ditto marks. Be sure to answer all questions, and make certificate complete and correct. Write in the cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes

F 93392

F 93392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 Walker Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 521 Walker Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) 58 years

3 (a) FULL NAME Mary Sternat

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Barbara Sternat
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	10	1		

9. Birthplace Vienna, Austria (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business B. & O. R.R.

FATHER
12. Name Frank Sternat
13. Birthplace Austria

MOTHER
14. Maiden Name Marie Kotta
15. Birthplace Vienna Austria

16 (a) Informant Mrs. Barbara Sternat
(b) Address 521 Walker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd Balto, Md.

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 Edmondson Ave

19 (a) JUN 24 1942 (b) Signature of registrar Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 9:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941, to June 23 1942, and that I last saw him alive on June 23 1942.

Immediate cause of death: Chronic Myocarditis — Duration: 2 yrs.
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Cole M. D.
Address 614 York Road Date signed 6-23-1942

VS 3

F 93393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1378

F 93393

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 W. Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 W. Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Huber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Mary Kneed Huber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/2/1878

8. AGE: Years	Months	Days	If less than one day
63	6	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Mfg. Agent
11. Industry or business

FATHER
12. Name Geo. Huber
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Weber
15. Birthplace Germany

16 (a) Informant Mrs. Mary Huber
(b) Address 1234 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzel
(b) Address 4401 Edmondson Ave

19 (a) JUN 24 1942 (Date rec'd by registrar) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22/42 · 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 19 42 to 6-22 19 42 and that I last saw h[illegible] alive on 6-22 19 42

Immediate cause of death	Duration
Acute Heart Failure	
Due to Exterundens	
Due to Prostatic Obstruction	
Other Conditions Stomach & Urethra Carcinoma	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Gary M. D.
Address 5 N. Walnut St Date signed 6/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 93394

F 93394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 186a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 W. Garrison Ave
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 W. Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roy Meltzman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harris

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

MOTHER / FATHER
12. Name Barnish Averbach
13. Birthplace Russia
14. Maiden Name Untrown
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Shoma Israel Garrish
Location Rosedale

18 (a) Funeral director Jack Kane Inc
(b) Address 1439 E. Baltimore St

19 (a) JUN 24 1942 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/42 19 , at a.m. D.O.A.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Ruptured ureteral pregnancy & subarachnoid hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: abort

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident (over)
(b) Date of occurrence 6-23-42 at 9? P M
(c) Where did injury occur? 3706 W. Garrison Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down 2 steps.

23. Signature A. H. Grisanoff
Address Sinai Hospital Date signed 6/24/42
Hugh B. McNally, M.D.

F 93395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93395 Registered No. 1579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Hardy
(c) City or town Moorefield (If outside city or town limits, write RURAL and give town)
(d) Street No. Elm Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Sackett

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: infant

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 29, 1942

8. AGE: Years | Months | Days: 4 | If less than one day: ____ hr. ____ min.

9. Birthplace Reisterstown, Maryland. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Willard C. Sackett
13. Birthplace Bridgewater, Virginia

MOTHER
14. Maiden Name Mary Ruth Bleigard
15. Birthplace Reisterstown, Maryland.

16 (a) Informant Mrs. Mary Sackett (mother)
(b) Address Moorefield, West Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-42 (Month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co

18 (a) Funeral director W. Barnhard & Son
(b) Address Westminster Md.

19 JUN 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to June 24 1942, and that I last saw him alive on June 24 1942.

Immediate cause of death atresia of Colon — Duration

Due to

Due to

Other Conditions Meconium, excoriation, fecal fistulae, necrosis of skin (Include pregnancy within 3 months of death)

Date of operation June 6 1942

Major findings of operation: atresia of colon

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George J. Ulrich, M.D.
Address Union, W. Va. Date signed June 25 1942

F 93396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942a

F 93396
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as information is available. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. If unknown, write unknown.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or incorporated town, write RURAL and give town)
(d) Street No. 2721 W. Fairmount Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James McCormick

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1889

8. AGE: Years	Months	Days	If less than one day
52	7	23	hr. min.

9. Birthplace Baltimore Md. (Town, County, and State)
10. Usual Occupation Iron Worker
11. Industry or business U.S. Navy Yard

FATHER
12. Name John McCormick
13. Birthplace Ireland

MOTHER
14. Maiden Name Kate
15. Birthplace Ireland

16 (a) Informant Mrs Joseph Watcheski
(b) Address 7 N. Bowring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. County Md.

18 (a) Funeral director George L. Lefurgy
(b) Address 2116 Frederick Ave.

19 JUN 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1942 to 6-23-1942 and that I last saw h alive on 6-23 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Hendel M. D.
Address 2703 Edmondson Date signed 6-24-42

VS 3

F 93397

E.S. (74756)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93397

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Easter Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leander DeShields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Carrie (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 7, 1870

8. AGE: Years	Months	Days	If less than one day
71	7	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry De Shields
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Harris
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Druid Hill Ave.

18 (a) Funeral director Newell Dyer
(b) Address 312 S. Highland Ave

19 (a) JUN 24 1942 Huntington Williams, M.D.

VS 8.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1942 to 6-21 1942 and that I last saw him alive on 6-21 1942.

Immediate cause of death Carcinoma of lung — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Patterson M. D.
Address Balto. City Hosp. Date signed 6-21-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 93398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. F 93398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Brennan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Winifred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Mulligan
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Ryle Weedefeld
(b) Address 914 Cathedral and Read

19 (a) (Date rec'd by registrar) Huntington Wilson, Registrar

JUN 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 10.30 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to June 22 1942, and that I last saw him alive on June 21 1942.

Immediate cause of death	Duration
Carcinoma of Larynx	3 yrs.
Due to	
Due to	
Other Conditions Metastasis Lungs	6 month

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Bel Hall M. D.
Address 1631 E Northern Date signed 6/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862

F 93399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY G. FURLONG

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Michael J. Furlong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1864

8. AGE: Years	Months	Days	If less than one day
77	8	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Michael Byrnes
13. Birthplace Ireland

MOTHER
14. Maiden Name Andatatin Quinn
15. Birthplace Ireland

16 (a) Informant Mr. Cyril J. Furlong
(b) Address 412 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/ /42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Govans
Location Govans, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Ave.

(a) (Date rec'd by Registrar) (b)

JUN 24 1942

Registrar Huntington Williams, M.D.

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1941 to Jun 23 1942 and that I last saw h[illegible] alive on Jun 20 1942

Immediate cause of death

Diabetic Gangrene — Duration 2

Due to Diabetes

Due to

Other Conditions Fractured Femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fall
(b) Date of occurrence Dec 29 41 at 9 P M
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall

23. Signature A. F. Pearce M. D.
Address 2105 Charles Date signed Jun 23 42

F 93400

F 93400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 N. Conkling St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 217 S Calhoun St Balto MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 9
(If rural give location.)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES KAPFER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215 - 07 - 0352

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Theophilia J. Kapfer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1880

8. AGE: Years	Months	Days	If less than one day
62	1	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Wm. Conway

FATHER
12. Name John T. Kapfer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Grottle
15. Birthplace Maryland

16 (a) Informant Mrs. Theophilia J. Kapfer
(b) Address 217 S. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) JUN 24 1942 (Date received by Registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6.22. 1942 at 705 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6.21 1942 to 6.22 1942 and that I last saw h[illegible] alive on 6.22. 1942.

Immediate cause of death
Uremia
Due to
Due to Nephrosclerosis
Other Conditions Heart failure
(Include pregnancy within 3 months of death)

Duration
1 day

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address Date signed

VS 8

93401 M

74726 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93401
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6561 St Helena Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Atwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Atwell
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1875

8. AGE: Years	Months	Days	If less than one day
67	3	26	hr. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: Own home

FATHER
12. Name: William Pinkerton
13. Birthplace: Pa

MOTHER
14. Maiden Name: Emma Baker
15. Birthplace: Pa.

16 (a) Informant: Baltimore City Hospitals
(b) Address: Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Lorraine Memorial Park
Location: Washington Blvd.

18 (a) Funeral director: Cashman Bros.
(b) Address: 414 N. Franklintown Rd.

19 JUN 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1942 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1942 to 6-22 1942 and that I last saw her alive on 6-22 1942.

	Duration
Immediate cause of death: Broncho-pneumonia	2 days
Due to: Hypostatis	
Due to: Gen. arteriosclerosis	?
Due to: Hemiparesis	
Other Conditions: Diabetes Mellitus	
Diabetic Gangrene	?

(Include pregnancy within 3 months of death)

Date of operation 6-19-42
Major findings of operation: Gangrene Rt Leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stell M.D.
Address Balto City Hosp Date signed 6-25-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age in each case where it is required. Dates must be complete. Statement of cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

93402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. F 93402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Use figures for dates and ages. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 E. Monument St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgiana Wilkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Richard Wilkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-1872

8. AGE: Years 70 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Brunswick Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Washington Govane

13. Birthplace Va.

MOTHER 14. Maiden Name Lizzie Chatman

15. Birthplace Va.

16 (a) Informant Sadie E. Ross

(b) Address 1312 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Laurel Va.

18 (a) Funeral director Edmonds Eugene H. Knight

(b) Address 721 Edmonson Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

JUN 24 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1942 to 6-21 1942 and that I last saw h.er alive on 6-20 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 7 days

Due to: Cardio-vascular-renal disease — Duration: work.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 1500 E. Madison St Date signed 6/23/42

93403
T.N. 68717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 b

Registered No. F 93403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 months
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 N.Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Solomon Cross filed with John Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 184-01-9809

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Sep.
6 (b) Name of husband or wife: Manda
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 14th, 1900
8. AGE: Years 42 | Months 5 | Days 1 | If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Harrison Sullivan
13. Birthplace North Carolina

MOTHER
14. Maiden Name Melissie Carr
15. Birthplace North Carolina

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. A. Co. Md.
18 (a) Funeral director Burson Engm & H. C. Wright
(b) [illegible]
19 (a) JUN 26 [illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1942 at 5-45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1941 to 6-14 1942; and that I last saw h[illegible] alive on 6-14 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun
Address Balto. City Hosp. Date signed 6-15-42

93404 Sophia Prokorat

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 93404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 N. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia Prokorat

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Victor Prokorat

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Bohemia Yarmyora (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Joseph Klimsa

13. Birthplace Bohemia

MOTHER 14. Maiden Name Not known

15. Birthplace Bohemia

16 (a) Informant Victor Prokorat

(b) Address 714 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date th[illegible] (month) 6-25-42 (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Catto Md

18 (a) Funeral director Frank Brach Son

(b) Address 900 N Eden St

19 JUN 24 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 42, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 19 42 to June 22 19 42 and that I last saw [illegible] alive on June 22 19 42

Immediate cause of death Coronary Thrombosis — Duration 6/20/42

Due to Ch. Myocard. Ds — Mar 1942

Due to Hypertension Osteosclerosis — Jan 1/1940

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City) (County) (State)

(d) Did injury occur about home, farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Roszel M.D.

Address 801 N Rec[illegible] Date signed 6-24-42

VS 1

F 93405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50F 93405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Emma Knight (EMMA LEORA Knight)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Edwin E. Knight
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 80+ | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Farmington - Maine (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Hardy.
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant Son (Preston C. Knight)
(b) Address 2740 Maryland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) (day) 42 (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave - C.I.
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (R. F. WOOLLEN SUB.) 100 W. NORTH AVENUE
19 JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 7:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6-22, 1942 to 6-23, 1942 and that I last saw h.m. alive on 6-23 1942.

	Duration
Immediate cause of death (a) Cardiac failure	1 d ago
Due to Hypertension, Cardiac-Vascular Disease, Generalized Arteriosclerosis	?
Due to	
Other Conditions Carcinoma of breast with metastases to lungs.	1 yr

(Include pregnancy within 3 months of death)
Major findings: Incomplete
Of operations
Of autopsy None

PHYSICIAN Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harold J. Stokes M. D.
Address Sydenham Hosp Date signed 6-24-42

VS 3

F 93406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 93406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 Ashburton St.
(c) Hospital or institution: 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Ashburton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry S. Inderrieden

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
	212-01-2350	Male	White	Married

6 (b) Name of husband or wife Ruth A. Inderrieden
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) October 20,1872

8. AGE: Years	Months	Days	If less than one day
69	8	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name Charles Inderrieden
13. Birthplace United States

MOTHER
14. Maiden Name Laura Bennett
15. Birthplace United States

16 (a) Informant Mrs. Ruth A. Inderrieden
(b) Address 1721 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25,1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. Willis [illegible]
Address 1095 W. Baltimore St.

19 (a) JUN 25 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1942 12 M Midnight

21. I certify that death occurred on the date above stated, that I attended deceased from 6/21 1942 to 6/22 1942, and that I last saw h. alive on 6/21 1942.

Immediate cause of death Coronary Embolism — Duration

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James T. Kazenbaugh
Address Medical Arts Bldg. Date signed 6/24/42

VS 3

F 93407

BALTIMORE CITY HEALTH DEPARTMENT 1632 ✓

CERTIFICATE OF DEATH

Registered No. 1 3 5 1 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Cherry Street
(c) Hospital or institution:
25-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Cherry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hiram F. Zimmerman ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Blanche Zimmerman
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) April 17, 1898

8. AGE: Years	Months	Days	If less than one day
44 43	2	7	hr. min.

9. Birthplace Fountaindale, Adams Co. Pa
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Carpenter

FATHER
12. Name Lewis C. Zimmerman
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Stella M. Wetzel
15. Birthplace Adams Co. Pa

16 (a) Informant Lewis C. Zimmerman
(b) Address Smithsburg Md

17 (a) Removal (b) Date thereof 6/25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Harmony Hill Cemetery
Location Hagerstown Md

18 (a) Funeral director Walter H. Stone
(b) Address 175 Church St Hagerstown Md

19 (a) JUN 25 1942 Huntington Williams N.Y.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24- 1942, at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Strangulation by Gas	
Due to	
Other Conditions Despondent	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-24-42 at 9:30 A M
(c) Where did injury occur? 1612 Cherry St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Inhalation Gas: Domestic Illuminating
23. Signature Howard J. Bellendorf M.D.
Medical Examiner.
Date signed 6-24-42

VS 6

F 93408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this record. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 Hickory Avenue
(c) Hospital or institution: 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Hickory Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lillian G. Lamon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John A. Lamon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17-1876

8. AGE: Years 66 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Abram Stevens
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Jane Bullum
15. Birthplace Maryland

16 (a) Informant Clarence B. Stevens
(b) Address 3700 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-194[illegible] (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address [illegible] Falls Road

19 (a) [illegible] JUN 25 19[illegible] Hunting for Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22. 1942. at 7-20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 22. 1942 and that I last saw her alive on June 22 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 da.

Due to Hypertension CVD. — 7.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Laurence J. Shumate M. D.
Address 3711 Falls Rd Date signed June 23 1942

VS 3

F 93409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93409 ✓ 466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before a permit for burial will be issued. Use only black ink. Do not abbreviate. Write in full the name of city or town, and the street address or location. Be sure to answer each question so that the record will be complete and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Feldon Avenue
(c) Hospital or institution: 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Feldon Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna Louise Helmig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Moritz H. Helmig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7-1862

8. AGE: Years 79 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Fuchs
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Leona N. Forwood
(b) Address 1110 Feldon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Toray F. Burgee
(b) Address 3631 Falls Road

19 (a) JUN 25 1942 (Local Registrar) H. Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942, to 6/23 1942, and that I last saw h[illegible] alive on 6/22 1942.

Immediate cause of death	Duration
Carcinoma of Stomach	Mos.
Due to	
Due to	
Other Conditions Hypertension Chr.	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4021 Harrison Ave. Date signed 6/24/42

VS 3

F 93410 ~~F 88[illegible]~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 93410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3646 Elm Avenue
(c) Hospital or institution: 13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3646 Elm Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin C. Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Susie J. Goodman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14-1868

8. AGE: Years 74 Months 5 Days 9 If less than one day hr., min.

9. Birthplace Toms Brook Virginia (Town, county, and state)

10. Usual Occupation Cigar Maker

11. Industry or business Retired 5 years

FATHER
12. Name William A. Goodman
13. Birthplace Maryland

MOTHER
14. Maiden Name Elmira Borden
15. Birthplace Virginia

16 (a) Informant Mrs. Susie J. Goodman
(b) Address 3646 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) [illegible] Huntington Williams MD 2020 N. Charles

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23- 1942 at 8:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1942 to 6/23 1942 and that I last saw h[illegible] alive on 6/22 1942

Immediate cause of death Apoplexia — Duration 2 hrs.
Due to Arterio Sclerosis
Due to Previous attack 4 years ago.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace F. Burgee M.D.
Date signed 6/24/42

JUN 25 1942

VS 3

F 93411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1226 Registered No. F 93411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completed. Accuracy and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave
(c) Hospital or institution St Agnes Hospital 281
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Ridge Rd (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Anna Marie Wunner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Wunner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — —

8. AGE: Years 44 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER 12. Name John Weinkam
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Theresa Miller
15. Birthplace Baltimore, Md.

16 (a) Informant Charles W. Wunner
(b) Address 32 Ridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. W. Means and Son
(b) Address 805 N. Calvert Street

19 (a) JUN 25 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1942 at 7 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1942 to 7/24 1942, and that I last saw h.r alive on 6/24 1942.

	Duration
Immediate cause of death Intestinal obstruction	5 days
Due to Adhesions	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6/23/42

Major findings of operation: Intestinal obstruction

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Wyse M.D.
Address St Agnes Hosp Date signed 7/24/42 M. D.

VS 2

F 93412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a F 93412 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 14 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo. 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Eutaw Place (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country

3 (a) FULL NAME James Barksdale (Birth F. 43411)

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	infant

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 30, 1942

8. AGE: Years	Months	Days	If less than one day
	4	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Roy Allen Barksdale
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Cornelia Madsen
15. Birthplace Fat Creek, Neb.

16 (a) Informant Cornelia Barksdale
(b) Address 1504 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.

18 (a) Funeral director Harry H. Wilkes
(b) Address 1101 Edmondson Ave.

19 (a) JUN 25 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 42 at 3 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 19 42 to June 22 19 42, and that I last saw him alive on June 22 19 42.

Immediate cause of death: Infectious Hepatitis
Due to
Due to
Other Conditions: Scarlatina Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lockwood M. D.
Address University Hosp. Date signed 6/24/42

VS 1

F 93413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 ✓

F 93413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 718 E. Preston St.

(c) Hospital or institution: 9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 718 E. Preston St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Poe.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife Mahlon Poe.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1857

8. AGE: Years	Months	Days	If less than one day
84	6	1	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER 12. Name Joshua Embrose.

13. Birthplace md.

MOTHER 14. Maiden Name Mary ?

15. Birthplace ✓ md.

16 (a) Informant James W. Poe.

(b) Address 1111 W 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.

Location

18 (a) Funeral director Townsend & Donovan

(b) Address 3615-17 Eastern Ave.

19 JUN 25 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1942, at 2 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to June 23 1942 and that I last saw h alive on June 23 1942.

Immediate cause of death Uraemia

Due to chronic interstitial nephritis

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

Duration
4 wks
0
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Linder M.D.

Address 714 E Preston Date signed 6/23/42

VS 3

93414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 93414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1275 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Joseph Raimond (Birth F-5 1679)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22 1942

8. AGE: Years	Months	Days	If less than one day
		1	36 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Raimond
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Sortino
15. Birthplace Balto Md

16 (a) Informant Frances Raimond
(b) Address 1275 William St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Maurice J. Flynn
(b) Address 1427 Eutaw St.
19 JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942 at 2P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to June 23 1942 and that I last saw her alive on June 23 1942.

Immediate cause of death: Prematurity - 26 weeks — Duration

Due to

Due to

Other Conditions Mother has chronic rheumatic fever - ? (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C J Whelan
Address 1279 William Date signed 6/25/42

VS 8

F 93415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 F 93415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 E North Ave
(c) Hospital or institution: 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George E. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Belle

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1880

8. AGE: Years	Months	Days	If less than one day
62	-	27	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name John W. Robinson

13. Birthplace Calvert Co. Md

MOTHER 14. Maiden Name Margaret Bordley

15. Birthplace Baltimore

16 (a) Informant Mary B. Robinson

(b) Address 514 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director Albert W Gerwig

(b) Address 440 E North Ave

19 (a) (Registrar) (b) Huntington Md

RECEIVED JUN 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1937 to June 22 1942 and that I last saw him alive on June 21 1942.

Immediate cause of death Uremia

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer M.D.

Address 506 E. North Ave Date signed 6-24-42 M. D.

93416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 ✓ Registered No. F 93416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hosp. 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
C	M	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30/1930

8. AGE: Years	Months	Days	If less than one day
21	6	1	hr. min.

9. Birthplace Charlotte N. Car. (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER — 12. Name Sam Mitchell
13. Birthplace S. Car.

MOTHER — 14. Maiden Name Nellie Warren
15. Birthplace N. Car.

16 (a) Informant Mrs Nellie Mitchell
(b) Address 749 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. o. county

18 (a) Funeral director Adolphus Holstead
(b) Address 928 Druid Hill Ave

JUN 25 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 3 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: (a) Acute peritonitis — Duration

Due to: stab wound of abdomen

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence June 5 1942 at M
(c) Where did injury occur? 1 of One 2 Division St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury Stabbed

23. Signature Robert Lee Pierce M.D. Medical Examiner
Date signed June 21 1942

VS 6

F 93417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 93417 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Sparks
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zeb Dana Sherrill

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Doris Metzel
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1913

8. AGE: Years	Months	Days	If less than one day
36 25	10	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas C. Sherrill
13. Birthplace Washington State

MOTHER
14. Maiden Name Miriam Brown
15. Birthplace Virginia

16 (a) Informant Myriam B. Sherrill
(b) Address Sparks, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 27 42 (month) (day) (year)
(c) Cemetery or crematory Gassops Church
Location Sparks

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

JUN 25 1942
(Date received by Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1942, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 19 42, to 6-24 19 42, and that I last saw him alive on 6-24 19 42.

Immediate cause of death	Duration
Cerebral embolism & infarction	
Due to Subacute bacterial endocarditis	
Due to Rheumatic cardiac vascular disease mitral insufficiency & stenosis	
Other Conditions Multiple infarcts of spleen, lungs & kidneys	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 6-25-42

F 93418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80a F 93418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N Payson St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lottie E Dawson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Miles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles A. Barton
13. Birthplace Md

MOTHER
14. Maiden Name Martha Thompson
15. Birthplace Md

16 (a) Informant Mrs Dawson
(b) Address 1001 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 Pennsylvania Ave

19 (a) JUN 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1942, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1942 to 6-24 1942 and that I last saw her alive on 6-24 1942.

Immediate cause of death — Duration

Brain abscess — left temporal lobe

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Brain abscess

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Crawford Jr. M. D.
Address University Hospital Date signed 6-25-42

VS 3

F 93419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 F 93419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Hamilton Ave
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa E Becker

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 - 1869

8. AGE: Years	Months	Days	If less than one day
72	6	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Biemiller
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Rudel
15. Birthplace Md.

16 (a) Informant Mrs Florence Magnus
(b) Address Cub Hill Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Meth. Cem.
Location Balto Co.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St Paul St. Huntington Williams, M.D.

19 (a) ~~JUNE 25 1942~~ (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1942, at 10 39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942, to June 23 1942 and that I last saw her alive on June 22 1942

Immediate cause of death	Duration
Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other Conditions Rectal abscess Diabetes Mellitus (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. S. Harbold M.D. M. D.
Address 4706 Harford Road Date signed June 23 '42

VS 2

93420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93420

486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 E Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Amelia Powell

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wilbert A Powell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1875

8. AGE: Years 66 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Littlestown Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elias Baltimore
13. Birthplace Pa

MOTHER
14. Maiden Name Julia Miller
15. Birthplace Pa

16 (a) Informant Wilbert A Powell
(b) Address 1807 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilbert Earl Inc
(b) Address 1217 E Fayette St

19 (a) Date received by registrar JUN 25 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 11:0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1941 to 6/22 1942 and that I last saw her alive on 6/22 1942

Immediate cause of death: Carcinoma of Uterus — Duration 1 yr.
Due to Unknown
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Amelia E Luke M. D.
Address 2241 E Lake Date signed 6/24/42

VS 8

F 93421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/a

F 93421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1946 W. Franklin St
(c) Hospital or institution: 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 W. Franklin St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ERNEST R. BENNETT

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Mae
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 11, 1886
8. AGE: Years 56 Months 0 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name George L. Bennett
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia Dollenger
15. Birthplace Maryland

16 (a) Informant Ernest R. Bennett Jr
(b) Address 1946 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Hallins Cook Dunn
(b) Address 1217 St. Paul St.

19 JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/ 1942, at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1942 to 6/24 1942, and that I last saw him alive on 6/23 1942.

Immediate cause of death Cerebral hemorrhage — Duration 8 days
Due to Renal-cardio-vascular disease & hypertension — 3 yrs.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Calas
Address 4 N. Fulton Date signed 6/27/42

VS 2

F 93422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 8-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 E Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-05-1975

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1911

8. AGE: Years	Months	Days	If less than one day
31	-	20	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jones Thomas
13. Birthplace Georgia

MOTHER
14. Maiden Name Mattie ?
15. Birthplace Georgia

16 (a) Informant Farris Warrenton
(b) Address 1917 E Biddle St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 25, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Thomasville N. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott & Bro.
(b) Address 1129 N. Carlisle Street.

19 JUN 25 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942 at 11:57 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942 to June 23 1942 and that I last saw him alive on June 2 19 42

Immediate cause of death Intracranial Hemorrhage
Due to Hypertension
Due to Heart Disease

Duration: 1 day

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rocklin M. D.
Address Provident Hosp. Date signed 6/25/42

93423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓ Registered B 93423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything must be answered. Do not use abbreviations. Give full name of deceased. Write in ages of children under 10 years. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Carlton St
(c) Hospital or institution: St Joseph's Hospital 2 - 3
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) ½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1814 Lancaster St. (If outside city or town limits, write RURAL and give name of township)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Kaminska.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~Wladyslaw~~ Wladyslaw Kaminski 6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) ? 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Wojciech Wolak
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna ?
15. Birthplace Poland

16 (a) Informant Wladyslaw Kaminski
(b) Address 1814 Lancaster Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Md.

18 (a) Funeral director George R. Weber.
(b) Address 705 S Linn St

19 JUN 25 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 24. 1942 at 10 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6. 20. 1942 to 6. 24 1942, that I last saw her alive on 6. 24 1942.

Immediate cause of death Carcinoma Liver.
Duration ½ Days
Due to
Due to
Other Conditions Hypertensive C.V. Disease + Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogle Jr. M. D.
Address Date signed

VS 3

F 93424 ~~F 93465~~

BALTIMORE CITY HEALTH DEPARTMENT ✓ 46b F 93424 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 17 d 18-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Ponpleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emanuel Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Color	widower

6 (b) Name of husband or wife Nancy (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72	8	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Charles Stewart
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Simms
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 19 42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 JUN 25 1942 Huntington Williams, M.D. (Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1942 at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1942 to 6-22 1942, and that I last saw h ~~im~~ alive on 6-22 1942.

Immediate cause of death Carcinoma of stomach — Duration ?6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-23-42

F 93425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

152 Registered No. F 93425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 N. Bonn Street
(c) Hospital or institution:
19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Bonn St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Mathews

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1886

8. AGE: Years	Months	Days	If less than one day
56	1	15	hr. min.

9. Birthplace Cape Charles Md. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business Unknown

FATHER
12. Name Henry Matthews
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Viola Windsor (Daughter)
(b) Address 309 Bruce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 19 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St
(b) Huntington Williams, M.D. Registrar

19 (a) JUN 25 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1942, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest - Autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Abscess of mandible with Cellulitis of neck	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Huddleson M.D. Medical Examiner.
Date signed 6-22-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

93426 SCR 74379 BALTIMORE CITY HEALTH DEPARTMENT F 93426

CERTIFICATE OF DEATH

47C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 18-7
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Arlington Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Frederick Dutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) ~~Single~~, married, ~~widowed~~ divorced

6 (b) Name of husband or wife: Mary (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1881

8. AGE: Years 61 | Months 1 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business

FATHER
12. Name: John W. Dutton
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sallie ?
15. Birthplace: Md.

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 19 42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address 3 [illegible] Stricker St.

19 JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21-42 19 , at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-42 19 , to 6-21 1942, and that I last saw him alive on 6-21 19 42.

Immediate cause of death: Bronchogenic carcinoma — 2 months

Due to

Due to

Other Conditions: Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration: 2

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross Jr. M. D.
Address Balt City Hosp Date signed 6-22-42

VS 8

F 93427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

570

F 93427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
17-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Langley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Married

6 (b) Name of husband or wife Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Produce agent

11. Industry or business

FATHER 12. Name Wm. Langley

13. Birthplace

MOTHER 14. Maiden Name Carrie Sampson

15. Birthplace

16 (a) Informant [illegible] Langley

(b) Address 706 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1942 (month) (day) (year)

(c) Cemetery or crematory Laurel

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1601 Druid Hill Ave

19 (a) JUN 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to June 22 1942 and that I last saw him alive on June 22 1942

Immediate cause of death — Duration

Brain tumor — Unk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Parietal tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert G. Austrian

Address Johns Hopkins Hosp Date signed June 25 1942

VS 3

93428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469 Registered No. F 93428

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4005 Pinewood Ave
(c) Hospital or institution: 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Overlea (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Pinewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dirk Hanssen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Amalia Hanssen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1859

8. AGE: Years	Months	Days	If less than one day
83	1	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation retired (Farmer)
11. Industry or business B. & O. R.R.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Albert Hanssen
(b) Address 4008 Pinewood Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md.
18 (a) Funeral director Lasagna Funeral Home
(b) Address 7401 Belair Rd
19 JUN 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1942 to June 24 1942 and that I last saw h[illegible] alive on June 24 1942

Immediate cause of death: Carcinoma of Pancreas — Duration

Due to

Due to

Other Conditions Jaundice & Cardiac failure (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 431 Med. arts Bldg Date signed

V8 3

F 93429
417704 m 73 39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No. F 93429

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway —
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. University Parkway. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Baker (Miss)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3 | 26 | 75

8. AGE: Years	Months	Days	If less than one day
67.	2	26	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Retired Nurse.
11. Industry or business

FATHER
12. Name William H. Baker.
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Eliz. Vickers
15. Birthplace Dorchester Co. Md.

16 (a) Informant Rexonda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. Monroe Ave.) 100 W. North Avenue

19 JUN 25 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June-17 1942 to June-24 1942, and that I last saw h[illegible] alive on June 24 1942.

Immediate cause of death Brain abscess, Rupture of — Duration

Due to Brain abscess

Due to

Other Conditions Arteriosclerosis, general

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: Brain Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 17 1942 at 6:10 P M
(c) Where did injury occur? Cold Spring Lane (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Louis Reintrop
Address [illegible] Date signed 6/27

approved. Robert Lee Fretwell M.D.

F 93430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

F 93430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1844 Collington Avenue (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lawrence Ringsdorf

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
26	4	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Machine

FATHER
12. Name Jacob L. Ringsdorf
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary A. Wellis
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Mary A. Ringsdorf (Mother)
(b) Address 1844 N. Collington Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-29-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Lima 29/42

18 (a) Funeral director Stewart & Mooney Co
(b) Address 101 E. North ave

19 (a) JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Massive pulmonary hemorrhage
Due to chronic Pulmonary Tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 25th 1942

VS 6

F 93431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a 3. F 93431 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Where any item is unknown, write "unknown." Do not leave blanks. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 N. Carolina St.
(c) Hospital or institution
7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1927

8. AGE: Years	Months	Days	If less than one day
15	1	12	hr. min.

9. Birthplace Mechanicsville, Va (town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Charles Neal
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Gaines
15. Birthplace Va.

16 (a) Informant Mary Gaines
(b) Address 727 N. Carolina St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) JUN 25 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 24 1942

VS 6

F 93432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 N. Calvert street
(c) Hospital or institution: ------ 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 N. Calvert street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM F. McAVOY

3 (b) if veteran, name war: ----

3 (c) Social Security Account No. 214-04-4202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of ~~husband~~ wife Viola G. McAvoy
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1863

8. AGE: Years	Months	Days	If less than one day
79	5	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Sec'y- McDowell-Pyle
11. Industry or business

FATHER
12. Name Hugh McAvoy
13. Birthplace Scotland

MOTHER
14. Maiden Name Rose Dunn
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Viola G. McAvoy
(b) Address 2906 N. Calvert street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas J. Evans. Son
(b) Address 11 W. Mt. Royal Ave

19 (a) JUN 25 1942 (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to June 24 1942 and that I last saw him alive on June 23 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to Hypertension Cardio Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. Gaston Jr M. D.
Address 2923 St Paul St Date signed 6/24/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if none, write none. Be sure that the correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 93433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 13433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 Regester Ave.
(c) Hospital or institution: Armacost Nursing Home 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OLGA MARGUERITE HOLZER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 214 - 01 - 2844

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1891

8. AGE: Years 51 | Months - | Days - | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation stenographer
11. Industry or business J.S.Johnson Co-33 S. Chas.

FATHER
12. Name George J. Holzer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Nellie A. Habbersett
15. Birthplace Baltimore

16 (a) Informant Mr. Fred Holzer
(b) Address 3602 Yolando Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pac. Aves.

19 (a) Huntington Williams M.D. Registrar
(b) Date received by registrar JUN 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 42 at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1942 to 6/23 1942 and that I last saw h[illegible] alive on 6/23 42

Immediate cause of death Pericardium & Breast — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Myron Solley M.D.
Address 5203 Harford Rd Date signed 6/24/42

F 93434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93434 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Edmondson Ave.
(c) Hospital or institution: 16-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M.Martin,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard M.Martin,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13.1870

8. AGE: Years	Months	Days	If less than one day
72	2	11	hr. min.

9. Birthplace Loudon Co.Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business --

FATHER
12. Name Addison Williams.
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Unknown
15. Birthplace Unknown

16 (a) Informant Garland H.Martin,
(b) Address 410 S.Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26.1942 (month) (day) (year)
(c) Cemetery or crematory Edge Hill
Location Charlestown W.Va.

18 (a) Funeral director Robert S.Little,
(b) Address 2700 Edmondson Ave.

19 (a) JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JUN 24 1942 19 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to June 24 1942 and that I last saw h[illegible] alive on June 24 1942

Immediate cause of death: Cerebral hemorrhage — Duration 2 days

Due to Generalized arteriosclerosis which [illegible] hypertension

Due to arteriosclerotic type heart disease

Other Conditions Chronic Pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D.
Address 2901 Edmondson Date signed June 24 1942

VS 3

F 93435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76a

F 93435 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Information must be correct and is especially important. Physicians: please fill in items of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colonial Williams
(c) Hospital or institution: St. Agnes Hospital 20-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Sibley

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Thomas H. Sibley

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1942 to 6/24 1942 and that I last saw h[illegible] alive on 6/24 1942.

Immediate cause of death (Chronic)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

10. Usual Occupation none (Town, county, and state) none

11. Industry or business ---

FATHER
12. Name Robert S. Major (Hamilton)
13. Birthplace Va.

MOTHER
14. Maiden Name Mary B. Bristowe
15. Birthplace Va.

16 (a) Informant Mrs. WM. Zielon
(b) Address 3811 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Harmony Grove
Location Middlesex Co. Va.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) JUN 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Crains M. D.
Address St Agnes Hosp Date signed 6/25/42

approved

VS 3

F 93436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

310a

F 93436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1953 Griffiss a. e.
(c) Hospital or institution:
25-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1953 Griffiss ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie I. Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Francis M. Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1886

8. AGE: Years 56 | Months 5 | Days 7, 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name William Neary
13. Birthplace Prince George Co, Md.

MOTHER
14. Maiden Name Ellen Vibetue
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Leona I. Hines
(b) Address 1953 Griffiss ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md

18 (a) Funeral director Frederick R. Pole
(b) Address 1906 W. Lanvale St

19 (a) [illegible] Huntington Williams, M.D.
(b) JUN 25 1942 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1939 to June 23 1942, and that I last saw h[illegible] alive on June 20 1942

Immediate cause of death: Chronic nephritis with hypertension — Duration: one year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen, M.D.
Address 2063 Gilmor St Date signed 6-25-42

F 93437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No. F 93437

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. If none, or not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Capitol Hotel
(c) Hospital or institution: 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Lassiter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
44	5	21	hr. min.

9. Birthplace Green County - N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name	Robert S. Lassiter
FATHER 13. Birthplace	Green Co. N.C.
MOTHER 14. Maiden Name	Effie Edgerton
MOTHER 15. Birthplace	Green Co. N.C.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Goldsboro N.C.
Location

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address North & Penna. Ave.

19 (a) JUN 25 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute gastritis	
Acute bronchitis	
Due to	
Due to Chronic alcoholism	
Other Conditions Extensive fatty infiltration of liver	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grahan M.D. Medical Examiner.
Date signed June 23 1942

VS 6

F 93438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 Registered No. F 93438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the cause of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hosp. 1-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 22 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Sommers

3 (b) If veteran, name war None

3 (c) Social Security Account No. 231-10-0953

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If married, give age

7. Birth date of deceased (mo., day, yr.) Sept 4-1886

8. AGE: Years 55 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Bay Line

FATHER 12. Name George Sommers
13. Birthplace Balt. Md.

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Ella J. Sommers
(b) Address 22 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Jno. A. Wilson
(b) Address 1501 E. Balt St.

19 (a) JUN 25 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1942, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1942 to 6/28 1942; and that I last saw h. alive on 6/28 1942.

Immediate cause of death: Pulmonary Embolism — Duration

Due to

Due to

Other Conditions Pulmonary Tuberculosis, Exudative with effusion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As stated above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Slen, M. D.

Address 16 Balt. Gen. Hosp. Date signed 6/29/42

93439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 Q

F 93439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 W. Pratt St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Eddy Bond

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife Margaret L Bond
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1874

8. AGE: Years	Months	Days	If less than one day
68	—	18/9	hr. min.

9. Birthplace Newmarket, Penna. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Sales

FATHER
12. Name William S. Bond
13. Birthplace Penna.

MOTHER
14. Maiden Name Eleanor Patterson
15. Birthplace Penna.

16 (a) Informant Margaret Smidtchin
(b) Address 209 Rockglen Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave

18 (a) Funeral director Mulberry Col Soc
(b) Address 1217 E Coul St

19 (a) JUN 25 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 2.25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Cardiac Failure	
SENILE	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mc Nally M.D. Medical Examiner.
Date signed 6/24/42.

93440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

136

F 93440
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Powell Williams 74403

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: black
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Irene
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 1, 1887
8. AGE: Years 55 | Months 5 | Days 21 | If less than one day hr. min.
9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Anderson Powell
13. Birthplace N.C.

MOTHER
14. Maiden Name Sara Anna Williams
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location 2 & 6 Md
18 (a) Funeral director Saml L. Brown Son
(b) Address 105 W Montgomery St
19 JUN 26 1942 Interring for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1942, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to June 22 1942, and that I last saw him alive on June 22 1942

Immediate cause of death — Duration

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-23-42

93441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93441 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Roberts Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Lee Burton

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WW	--	M	C	Married

6 (b) Name of husband or wife Eva Burton
6 (c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) Dec. 12, 1890

8. AGE: Years	Months	Days	If less than one day
51	6	11	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation Taxi business
11. Industry or business Self

FATHER
12. Name George F. Burton
13. Birthplace Howard Co., Maryland

MOTHER
14. Maiden Name Liza Carter
15. Birthplace Howard Co., Md.

16 (a) Informant Records - U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director David L. Brougher
(b) Address 108 W Montgomery St

19 JUN 26 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942, to June 23 1942, and that I last saw h im alive on June 23 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Congestive heart failure
Due to Aortic regurgitation with luetic aortitis & valvulitis — unknown
Other Conditions --

(Include pregnancy within 3 months of death)
Date of operation --
Major findings of operation: --
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury J. C. Archer

23. Signature Huntington Williams M.D.
Address U.S. Marine Hospital Baltimore, Maryland Date signed 6/24/42

VS 3

93442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22b

Registered No. F 93442

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4545 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4545 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country —

3 (a) FULL NAME John Work Garrett.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Alice Warder Garrett.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 19, 1872.

8. AGE: Years	Months	Days	If less than one day
70	1	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Diplomatic Service.
11. Industry or business

FATHER
12. Name Thomas Harrison Garrett.
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Alice Dickenson Whitridge.
15. Birthplace Baltimore.

16 (a) Informant Robert Garrett.
(b) Address 4606 N. Charles St.

17 (a) Cremation. (Burial, cremation, or removal) (b) Date thereof June 26/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount.
Location Baltimore, Md.

18 (a) Funeral director Henry M. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts. Huntington Williams, M.D.

JUN 26 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 4:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to June 26 1942, and that I last saw h[illegible] alive on June 26 1942.

Immediate cause of death: Generalized Tuberculosis — Duration 12 Mos.
Due to
Due to
Other Conditions Tuberculous hip — over — 65 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Gaskins M. D.
Address 1417 Eutaw Place Date signed June 26, 42

F 93443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. F 93443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Upton ST.
(c) Hospital or institution:

17 93

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4-mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Upton ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Glenn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife John Glenn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1842

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Campbell (Co) Va. (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Martin
13. Birthplace Campbell Co. Va.

MOTHER
14. Maiden Name Louisa Brittle
15. Birthplace Campbell Co. Va.

16 (a) Informant John Glenn.
(b) Address 1311. Upton st

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Martin Cem.
Location Evington Va.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927. N. Mount st

19 JUN 26 1942 Huntington Williams, Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 11 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & the person and from the evidence obtained by said (Autopsy or Inquiry) inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death arteriosclerotic cardio-renal disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Graham M.D. Medical Examiner.
Date signed June 25 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 93444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 63
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Ailsa Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB MEISTER

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Magdaline Meister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1854

8. AGE: Years	Months	Days	If less than one day
87	7		hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. John Sack
(b) Address 2711 Ailsa Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Luth.
Location Baltimore, Md.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

19 (Date received by registrar) JUN 26 1942 (Signature of registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to June 25 1942 and that I last saw him alive on June 24 1942.

Immediate cause of death Cerebral apoplexy — Duration
Due to Atherosclerosis
Due to Chronic myocarditis
Other Conditions Chronic alcoholism
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Harbold M.D.
Address 4706 Harford Road Date signed 6/26/42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

93445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 93445

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" inserted where it is impossible to obtain the correct answer. Ages, dates of birth, and birthplaces must be stated if known. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 S. Janney Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S. Janney Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Kunak or Demetri Kunock

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-5348

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie Kunak
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Not Known ?

8. AGE: Years	Months	Days	If less than one day
About 49			hr. min.

9. Birthplace Russian
(Town, county, and state)
10. Usual Occupation Machine Helper
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name P. Kunak
13. Birthplace Russian

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russian

16 (a) Informant Mrs. Nellie Kunak
(b) Address 19 S. Janney Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director John J. Gebhauer Jr
(b) Address 423 S. Paca St.

JUN 26 1942
(Date rec'd by registrar)

Huntington Ave. Md
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1942, to 6-25 1942, and that I last saw h[illegible] alive on 6-25 1942.

Immediate cause of death: Coronary thrombosis — Duration 3 days.
Due to: Coronary arteriosclerosis — Duration ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gonet M. D.
Address 14 N. Eastlane Date signed 6-26-42

VS 2

F 93446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 93446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3713 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Belair Rd. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Charles Paul Marx

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Kunigunda Foertsch
6 (c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): Sept. 10 1880
8. AGE: Years 51 | Months 9 | Days 14 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: wall-paper business
11. Industry or business:

FATHER
12. Name: Anthony Marx
13. Birthplace: Baltimore Germany

MOTHER
14. Maiden Name:
15. Birthplace: Germany

16 (a) Informant: Kunigunda Marx
(b) Address: 3713 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory: St. Joseph's R. Cem.
Location: Fullerton, Md.

18 (a) Funeral director: H. W. & D. Applegate Sons
(b) JUN 28 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942, and that I last saw [illegible] alive June 23 1942

Immediate cause of death: Hypostatic pneumonia, early
Due to: Acute myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 7 days; 3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Alex J. Tilney M.D.
Address: 539 The Alameda Date signed 6/26/42

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93447

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5507 Alban Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 Alban Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Gottlieb Schweever

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-10-2041

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Caroline Markle Schweever

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 1892

8. AGE: Years 50 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Nurnberg Germany
(Town, county, and state)

10. Usual Occupation brew-master

11. Industry or business "

FATHER
12. Name Gottlieb Schweever
13. Birthplace Germany

MOTHER
14. Maiden Name ? Schweever
15. Birthplace Germany

16 (a) Informant Caroline Schweever
(b) Address 5507 Alban Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director M. W. E. Diggs & Sons
(b) Address 7662 Baker Rd.

19 (a) JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1941 to March 1941, and that I last saw him alive on June 24 1942.

Immediate cause of death: Coronary Thrombosis — Duration: Two years.

Due to Coronary Sclerosis.

Due to

Other Conditions Diabetes mellitus, Hypertonia, Obesity. —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred S. Ledermann M. D.
Address 3E. Preston Street Baltimore, Md. Date signed June 29 42

VS 3

93448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓ Registered No. F 93448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 3 → 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Moore (Birth F-38620) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1941

8. AGE: Years | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Ellis Spencer
13. Birthplace ?

MOTHER
14. Maiden Name Anna Moore
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 918 E Lombard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 25 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 26 1942 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1942, at 5.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1942 to 6-19 1942 and that I last saw him alive on 6-19 1942

Immediate cause of death: Meningitis — Duration: 1 day

Due to: Meningococcus

Due to:

Other Conditions: Cardiac Failure — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy At J. HH.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sprunt
Address Sydenham Hosp. Date signed 6-22-42 M. D.

VS 2

9196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 93449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 93449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 Parkin ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Parkin ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Mika

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Dresser of men's Clothes
11. Industry or business 406 Baltimore Street

FATHER
12. Name Joseph Mika
13. Birthplace Lithuania

MOTHER
14. Maiden Name Agata Konstatis
15. Birthplace Lithuania

16 (a) Informant Mrs. Stella Mikelis
(b) Address 1913 Latitia avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-4 (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasmaker
(b) Address 602 Washington Blvd

19 (a) JUN 26 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation & inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said investigation + inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed June 26 1942

VS c

F 93450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17a

F 93450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, or a satisfactory explanation given why it cannot be obtained. Be sure that the information given is correct and complete. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Rural Linthicum (If outside city or town limits, write RURAL and give town)
(d) Street No. Nursery Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clara A. Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/20/1862

8. AGE: Years 80 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace New Baltimore Pa. (Town, county, and state)

10. Usual Occupation Retired Liquor Dealer

11. Industry or business

FATHER
12. Name Peter Martin
13. Birthplace Munich Germany

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Leroy F. Martin
(b) Address 321 Southern Md.

17 (removal) (b) Date thereof 6/27/42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peter + Paul
Location Owensville Md

18 (a) Funeral director Wm. J. Tuckness + Sons
(b) Address Worth + Pat Aves

19 JUN 26 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 6 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Shock
Multiple fractures of ribs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/R
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 24 1942 at 2 P M
(c) Where did injury occur 4711 Hanford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by street car

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 25 1942

F 93451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 93451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2783 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2783 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Louise Habert

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-01-5892

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ****
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1888

8. AGE: Years	Months	Days	If less than one day
53	10	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business ?

FATHER
12. Name John J. Habert
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Wiechmann
15. Birthplace At Sea

16 (a) Informant Miss Marie W. Habert
(b) Address 2783 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) JUN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1942, at 11:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 - 1941, to June 24 - 1942, and that I last saw h[illegible] alive on June 24 - 1942.

Immediate cause of death	Duration
Carcinoma of the Splenic flexure of the Colon	10 mos 8 15 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Sept 3 - 1941
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac C. Dickerson M. D.
Address 2665 W. North Ave Date signed June 24 - 42

VS 8

F 93452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1830

F 93452 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3326 Lawnview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 Lawnview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha B. Hall

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph S. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23. 1892

8. AGE: Years	Months	Days	If less than one day
50	1	26	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles A. Depro
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Albright
15. Birthplace Baltimore Md.

16 (a) Informant Joseph Hall
(b) Address 3326 Lawnview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henrich Sons
(b) Address 2024 Orleans Street

19 JUN 26 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd. 1942 at 10 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1942, to 6-23 1942, and that I last saw her alive on 6-23 1942.

Immediate cause of death: Cerebral hemorrhage. — Duration: 4 days.
Due to: Hypertension, malignant — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Ford M. D.
Address 14 E. Eager Date signed 6-24-42

VS 3

93453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓180

F 93453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Eierman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Kutcher

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married.

6 (b) Name of husband or wife Doris Kutcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/2/18

8. AGE: Years	Months	Days	If less than one day
24	4	23	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business KOZEL'S Grocery Store.

FATHER
12. Name Thomas Kutcher.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Kozel.
15. Birthplace Balto, Md.

16 (a) Informant wife
(b) Address 4102 Eierman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baland Road.

18 (a) Funeral director Charles E. Schminck
(b) Address 2601 E. Madison St.

19 (a) JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 3 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition and inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquisition & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Extensive second degree burns.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 25 1942 at 2 ~~PM~~ AM
(c) Where did injury occur 4102 Eierman Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Burned House afire

23. Signature Robert Lee Goodman M.D. Medical Examiner.
Date signed June 25 1942

VS 6

F 93454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93454 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Pine St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Pine St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Bright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Widow

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1860

8. AGE: Years	Months	Days	If less than one day
82	-	6	hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Marceline Bright
(b) Address 421 N. Pine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Sayer
(b) Address 142 West Lee St

19 (a) JUN 26 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to June 25 1942 and that I last saw h alive on June 24 1942

Immediate cause of death: Chronic Myocarditis — Duration 7
Due to Age of Patient
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Gaines M.D.
Address 66 E W. Barrett St Date signed 6/25/42

F 93455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93e Registered No. F 93455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ben Edwards

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Sept 18, 1884

8. AGE: Years: 57 | Months: 9 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Annapolis Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph Edwards
13. Birthplace: Md

MOTHER
14. Maiden Name: Caroline Brown
15. Birthplace: Md.

16 (a) Informant: Norman Edwards
(b) Address: 1311 Myrtle Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof: June 26, 42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem.
Location: Mt. Winans, Md.

18 (a) Funeral director: Mr. Kate R. Williams
(b) Address: 322 Schroeder St.

19 (a) JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1942 at 1:30 M

21. I certify that I attended deceased from Oct 15 1941 to June 22 1942 and that I last saw h[illegible] alive on June 22 1942

Immediate cause of death: Myocarditis — Duration: 6 mos.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [signature]
Address: 75 [illegible] Date signed: 6-25-42

F 93456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

F 93456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 N. Calhoun ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 N. Calhoun ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1875

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace Essex County, Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Amelia Wright
15. Birthplace Va.

16 (a) Informant Mrs. Emma Jones
(b) Address 1517 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Arlington, Md.

18 (a) Funeral director Geo. W. T. G. Gibson
(b) Address 1735 Harlem Ave. Huntington Williams, M.D.

19 (a) JUN 26 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 7 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: arteriosclerotic cardio-vascular disease. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 26 1942

VS 6

F 93457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 93457

Registered No. 92d

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 707 Allegheny Place Ward)
(If death occurred in a hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert C. Sayles
(a) Residence: No. 707 Allegheny Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with unfading ink—this is a permanent record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Sayles

6. DATE OF BIRTH (month, day, year) 3-16-1877

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julia Sayles
(Address) 707 Allegheny Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 6-27 19 42

19. UNDERTAKER William A. Jackson
(Address) [illegible]

20. FILED JUN 26 1942 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25- 1942

22. I HEREBY CERTIFY, That I attended deceased from 6-10- 1942 to 6-25- 1942
I last saw him alive on 6-25- 1942 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset Feb. '42

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George C. Sayles M. D.
(Address) 5167 Roland Ave

F 93458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5010 Litchfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Litchfield Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA SIGLER

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alexander Sigler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1873.

8. AGE: Years 68 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Supt. Kosher Kitchen,

11. Industry or business Sinai Hospital.

FATHER
12. Name Solomon Hecht,
13. Birthplace Germany.

MOTHER
14. Maiden Name Johanna Kuhn,
15. Birthplace Germany.

16 (a) Informant Mr. Sidney Sigler,
(b) Address 5010 Litchfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th. 1942 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1942 to June 25 1942 and that I last saw h[illegible] alive on June 24, 1942

Immediate cause of death: Myocardial Insufficiency — Duration

Due to: Hypertension

Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney L. Sigler M. D.

Address 2322 Eutaw Place. Date signed 6/27/42

Dr Johnson 839 Fulford Ave

F 9345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. 9345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 Worsley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 328 Worsley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Giles

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15 - 1877

8. AGE: Years 65 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Geo Stewart
13. Birthplace Md

MOTHER 14. Maiden Name Eliza Stewart
15. Birthplace Md

16 (a) Informant Charles Johnson
(b) Address 827 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 27 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location C. L. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JUN 26 1942 (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942, to June 24 1942, and that I last saw h alive on June 24 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irene A Johnson M.D.
Address 2329 Georgia Ave Date signed June 25 42

F 93460

F.S. (74822)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93460 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 McDonough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Harrison Pugh

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0083

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1900

8. AGE: Years 42 | Months 1 | Days 4027 | If less than one day: hr. min.

9. Birthplace South Carolina (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Co

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace South Carolina

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JUN 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-42 19 , at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1942 to 6-23 1942 and that I last saw him alive on 6-23 1942

Immediate cause of death: Cerebral hemorrhage — Duration 36 hrs

Due to: Hypertensive cardio vascular disease — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Lopez Jr. M. D.
Address Balt City Hosp Date signed 6-23-42

VS 8

417459 F 93461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93461 Registered No. 630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State TENN (b) County
(c) City or town CHATTANOOGA (If outside city or town limits, write RURAL and give town)
(d) Street No. SIGNAL MOUNTAIN (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta D Allison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-20-69

8. AGE: Years	Months	Days	If less than one day
72	8	6	hr. min.

9. Birthplace W VA (Town, county, and state)

10. Usual Occupation H Wife

11. Industry or business

FATHER 12. Name George E Downing
13. Birthplace Ohio

MOTHER 14. Maiden Name MARY M CRAY
15. Birthplace ARKANSAS

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 42 (month) (day) (year)
(c) Cemetery Forest Hills
Location Chattanooga Tenn

18 (a) Funeral director John C. Michaelwood
(b) Address 1804 Chestnut Place

19 (a) JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to June 26 1942 and that I last saw h[illegible] alive on June 26 1942

Immediate cause of death Pneumonia and heart failure — Duration 12 Days

Due to hypostatic post-operative pneumonia

Due to Cardiac auricular fibrillation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/23/42

Major findings of operation: Adenoma of thyroid gland

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lyford 3d M. D.
Address Johns Hopkins Hosp. Date signed 6-26-42

F. 93462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83d Registered No. F. 93462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St - City
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 9 mos. 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) n.a. n.a.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 15? (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Laura M. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
69	10	11	hr. ..... min.

9. Birthplace Hanford Co. Maryland (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Harry Wilson
13. Birthplace Hanford Co. Md

MOTHER
14. Maiden Name Priscilla Lee
15. Birthplace Hanford Co. Md.

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1944 (month) (day) (year)
(c) Cemetery or crematory Forest Location Churchville, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) JUN 26 1944 (Local Registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1944; at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to June 25 1944 and that I last saw h[illegible] alive on June 25 1944

Immediate cause of death. Meningitis (A) — Duration 2½ yrs
Due to Hypertension — 8 yrs
Due to Cerebrosclerosis — 8 yrs
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. Grafton Hershberger M. D.
Address 214 Medical Arts Bldg. Date signed 6/26/44

VS 1

93463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. E 93463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 WHITELOCK ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 WHITELOCK ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME NATHAN L. BARNETT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace PHILADELPHIA PA. (Town, county, and state)
10. Usual Occupation TRAVELING SALESMAN
11. Industry or business

FATHER
12. Name PHILIP BARNETT
13. Birthplace RUSSIA

MOTHER
14. Maiden Name RACHAEL
15. Birthplace RUSSIA

16 (a) Informant MRS. ESTHER BARNETT
(b) Address 600 WHITELOCK ST

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-28-42 (month) (day) (year)
(c) Cemetery or crematory MONTIFORE CEM.
Location PHILADELPHIA PA.

18 (a) Funeral director Jack Levin Inc
(b) Address 4100 Eutaw Place

19 JUN 26 1942 (b) Huntington Wilkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 26 1942, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to June 26 1942, and that I last saw h[illegible] alive on June 26 1942.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Hardening of the Arteries	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peterman M. D.
Address 1814 Eutaw Place Date signed 6-26-42

VS 3

93464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83d

Registered No. E 93461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Irvington - Belvedere Ave
(c) Hospital or institution: Rennedale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. aged Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kevie Sooner

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	white	widower

6 (b) Name of husband or wife Lena Dorfman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Benjamin Sooner

13. Birthplace Russia

MOTHER 14. Maiden Name Fannie Gainborith

15. Birthplace Russia

16 (a) Informant Sig Feinblatt

(b) Address Irvington. Belvedere

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)

(c) Cemetery Rigid Carp

Location Druid Park

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St.

19 (a) JUN 26 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1940 to 6-25 1942 and that I last saw alive on 6-25 1942

Immediate cause of death: Arteriosclerosis Hypertension
Cerebral hemiplegia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Korn M. D.

Address Levindale Date signed 6/26/42

MFR 74789 F 93465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

F 93465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Abbott Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Erhardt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed~~, ~~divorced~~

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. ? 1906

8. AGE: Years	Months	Days	If less than one day
36	10		hr. min.

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation Weigher
11. Industry or business Ferterlizer Mfg. Co.

FATHER
12. Name Frederick Earhardt
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McGainey
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Mt
Location Baltimore
18 (a) Funeral director Wm Cook Jr
(b) Address 1317 E Pratt St

19 JUN 26 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1942 to 6-24 1942 and that I last saw h~~im~~ alive on 6-24 1942.

Immediate cause of death
~~Anemia~~
Cardiac failure
Due to Chronic glomerulo-nephritis — Duration 10 days

Due to — Duration ?

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-25-42

VS 3

F 93466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240 Registered No.

F 93466

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 N. Charles ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 N. Charles ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Buckingham

3 (b) If veteran, name war W
3 (c) Social Security Account No. 211-P

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1898

8. AGE: Years	Months	Days	If less than one day
43	7	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md State Unit Com

FATHER
12. Name Wanza Sutton
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Jane Bobletz
(b) Address 5214 Florence Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md
18 (a) Funeral director Wm Cook Inc
(b) Address 1217 E Fort Ave
19 (a) JUN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 7:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Cirrhosis of liver	
Due to chronic alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherston M.D.
Medical Examiner.
Date signed June 25th 1942

VS 6

F 93467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700 C

F 93467 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (Rural) Mt. Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Peach's Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Hook, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	213-10-1044	M	W	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22 1877

8. AGE: Years	Months	Days	If less than one day
69	8	2	hr. min.

9. Birthplace Baltimore County Md.
(Town, county, or state)
10. Usual Occupation Motorman, Retired
11. Industry or business Balto. Transit Company

FATHER
12. Name Thomas J. Hook
13. Birthplace Maryland

MOTHER
14. Maiden Name Coe (Unknown)
15. Birthplace Maryland

16 (a) Informant Jennie Hook
(b) Address Mt. Washington

17 (a) Burial (b) Date thereof 6-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Co. Md.

18 (a) Funeral director Wilhoyte Funeral Home
(b) Address 1207 Liberty Rd. Mt. Washington, Md.

19 JUN 26 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & we findings thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Shock — Duration

Due to Comminuted fractures of both lower legs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/13
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 24 1942 at 8 P M
(c) Where did injury occur? Falls + Elmwood Rds.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Eastman M.D.
Medical Examiner.
Date signed June 25th 1942

VS 6

93468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 93468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 N. Carey St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Myers (Birth F 54631)

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex Fem. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-42

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Reginald Cellers
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Pauline Myers
15. Birthplace Balto, Md

16 (a) Informant Pauline Myers
(b) Address 1138 N. Carey St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 26 1942

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 26 1942 (Date rec'd by registrar) (c) Signature of Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1942 1942, at 3.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to June 24 1942 and that I last saw ~~s/he~~ alive on June 23 1942

Immediate cause of death Premature Birth — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Redding M.D.
Address Provident Hosp. Date signed 6/26/42

VS 8

9157

93469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 5920 Sefton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R Mackenrodt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1886

8. AGE: Years	Months	Days	If less than one day
56 55	6 6	8	hr. min.

9. Birthplace Leiden, Germany (Town, county, and state)

10. Usual Occupation Maintainance Man

11. Industry or business Johns Hopkins Hosp.

FATHER 12. Name Adolph G. Mackenrodt

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth M. Heyefeldt

15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth McMackenrodt

(b) Address 5920 Sefton Ave. (Mother)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Baltimore, Md.

18 (a) Funeral director C. Bowyer Evans

(b) Address 1490 E. Chase St

JUN 26 1942 (Date filed by registrar) (b) Huntingtown, Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1942 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage into stomach and intestines — Duration

Due to ruptured esophageal varix.

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed June 25 1942

93470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93470

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Scott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise C. (Lizzie) Malvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John E. Malvin Sr.

6 (c) If alive, give age years

Deceased.

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1862

8. AGE: Years 79 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Edward J. Smith

13. Birthplace Md.

MOTHER 14. Maiden Name Caroline Edelman

15. Birthplace Germany

16 (a) Informant Miss Lillie M. Malvin

(b) Address 616 Scott St. Daughter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 (Month) (Day) 1942 (Year)

(c) Cemetery or crematory London Park Cem.

Location Baltimore, Md.

18 (a) Funeral director E. Howard Evans

(b) Address 1402 E. Baltimore St.

19 JUN 26 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1942, at 8:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1939 to June 25 1942 and that I last saw her alive on June 25, 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 24 Hrs

Due to Hypertension — 4 years

Due to Auricular Fibrillation — 3 years

Other Conditions Carcinoma of Left breast — 1 year

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kate M. D.

Address 517 Scott St Date signed 6/26/42

Correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 93471 53564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146C Registered No. F 93471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Gen. Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 S Mason St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Agnes Caputo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Rudolph Caputo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1916

8. AGE: Years	Months	Days	If less than one day
26	2	3	hr. min

9. Birthplace Monessen Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Cornelia
13. Birthplace Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 410 S. Mason st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Grand View Mon Pa
Location Monessen Pa

18 (a) Funeral director Frank V. Piketone
(b) Address 281 E. Balto St

19 (a) JUN 26 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 1030 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1941, to 6/26 1942, and that I last saw h€ alive on 6/26 1942.

Immediate cause of death Pul-Pneumonia (Bronchopneumonia)

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank V. Mancini M. D.
Address 333 S. East Ave Date signed 6/26/42

VS 3

F 93472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 CF 93472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5113 Gwynn Oak Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5113 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Medenbach

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Herman Medenbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1879

8. AGE Years	Months	Days	If less than one day hr.	min.
62	6	0		

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Ferdinand Hildebrand
13. Birthplace Switzerland

MOTHER
14. Maiden Name Anna
15. Birthplace Switzerland

16 (a) Informant Herman Medenbach
(b) Address 5113 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn. Md.

18 (a) Funeral director Harry H. Leitzke
(b) Address 401 Edmondson ave

19 (a) JUN 26 1942 (Date rec'd by registrar) (b) Huntington White

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/42, 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1941 to 6/25 1942 and that I last saw her alive on 6/22 1942.

Immediate cause of death	Duration
Carcinoma ulc. Metastases to brain →	2 weeks (approx.)
Due to Carcinoma of the duodenum.	1 1/2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/17/41.
Major findings of operation: Carcinoma of Duodenum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Murray Fiske M.D.
Address 18 E. Eager St. Baltimore. Date signed 6/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93473 Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 S. BONSAL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 S. BONSAL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAY DREWER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN DREWER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 12 1872

8. AGE: Years	Months	Days	If less than one day
70	1	13	hr. min.

9. Birthplace NORFOLK VA. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace VA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace VA.

16 (a) Informant MABLE PINKICAI (DAUGHTER)
(b) Address 433 S. BONSAL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Tilly & Zeiler Bros.
(b) Address 403 S. WOLFE ST.

JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JUNE 25 1942, at 4:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to June 1942 and that I last saw h alive on June 24 1942.

	Duration
Immediate cause of death Myocardial degeneration	1 Mo.
Due to Chronic Interstitial nephritis	2 yrs.
Due to Arteriosclerosis and arterial hypertension	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. W. LeGrand M.D.
Address 601 S. Ellwood Ave Date signed 6/26/42

VS 3

F 93474

F 93474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 S. BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 S. BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEONARD BACZKOWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ANNA BACZKOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 6 1856

8. AGE: Years	Months	Days	If less than one day
85	7	19	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND

16 (a) Informant MARGARET MENNINGER (DAUGHTER)
(b) Address 718 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 27/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Geisler INC.
(b) Address 403 S. Wilkens Ave. Baltimore, Md.

19 (a) JUN 26 1942 (Date filed by Registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 25 1942, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942 to June 25 1942 and that I last saw him alive on June 24 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Chr. Myocarditis	
Due to Myocardial Failure	6-18-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eastchurch M.D.
Address 642 S. Ann Ave. Date signed 6-25-42

YS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 93[illegible] 830 F 93475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3 (a) FULL NAME James Nelson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None.
4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katie Nelson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 31, 1870
8. AGE: Years 72 Months 2 Days 23 If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, state or foreign country)
10. Usual Occupation: Laborer (Unemployed)
11. Industry or business

FATHER
12. Name: Henry Nelson
13. Birthplace: Unknown.

MOTHER
14. Maiden Name: Harriett Ramsey
15. Birthplace: Balto. Md.

16 (a) Informant: Myrtle French
(b) Address: 1417 Ashland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 27 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: Poker Ln
18 (a) Funeral director: Poker Funeral
(b) Address: 204 W. Caroline St.
19 (a) JUN 26 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1939 to June 24 1942.
and that I last saw h[illegible] alive on June 24 1942

Immediate cause of death
Bronchopneumonia — Duration 8 days
Due to Cerebral Hemorrhage — 1 year
Due to Hypertension — [illegible]
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Lafount M. D.
Address 822 N. Bond St Date signed 6/25/42

VS 3

93476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓183 Registered No. F 93476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street - City Morgue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. ✓ (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 South Paca Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W. RICE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Marie Pence Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1923

8. AGE: Years	Months	Days	If less than one day
19	5	2	hr. min.

9. Birthplace Fullerton, Kentucky (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Rooper Co.

FATHER
12. Name John W. Rice
13. Birthplace Kentucky

MOTHER
14. Maiden Name Ethel Davis
15. Birthplace Kentucky

16 (a) Informant Marie P. Rice
(b) Address Fullerton, Kentucky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (month) (day) (year)
(c) Cemetery or crematory Fullerton
Location Fullerton, Kentuckey

18 (a) Funeral director Wellington Funeral Chapel
(b) Address 1217 St. Paul St.

19 JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1942, at 11:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/2
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence June 23, 1942 at 6:35 A M
(c) Where did injury occur? Harbor, Jones Falls (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell into harbor
23. Signature Robert Lee Fraley M.D. Medical Examiner.
Date signed June 26, 1942

VS 6

F 93477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1616 Registered No. F 93477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5614 Windsor Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NANCY P. JAMES (Birth F-50217)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FM	W	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 - 1942

8. AGE: Years	Months	Days	If less than one day
1 Mo	1	-	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Paul E James
13. Birthplace Balto Md

MOTHER
14. Maiden Name Martha B Hill
15. Birthplace Pa

16 (a) Informant Paul E James
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Providence
Location Loch Raven

18 (a) Funeral director Lewis and Ryan
(b) Address 1225 Hollins St

19 JUN 26 1942 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 19 42 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1942 to 6-25 19 42 and that I last saw him alive on 6-24 19 42

Immediate cause of death — Duration

Multiple abscesses liver — 9 days

Due to

Due to Umbilical infection

Other Conditions /

(Include pregnancy within 3 months of death)

Date of operation /

Major findings of operation /

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? /
(e) Means of injury

23. Signature H. V. Tompkins

Address St Joseph's Hospital Date signed 6-26-42

VS 2

93478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93478 Registered No. 93d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis J. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28th 1866

8. AGE: Years	Months	Days	If less than one day
76	2	23	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Unemployed

FATHER
12. Name Francis Clarke
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah McKenna
15. Birthplace Ireland

16 (a) Informant Mrs Annie Sibler
(b) Address Beccaria & Garfield Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26th 1942 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Location O'Donnell St & Eastern Ave

18 (a) Funeral director Leo G. Cook
(b) Address 1901-03 N. Patterson Park Ave

19 (a) JUN 26 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1942, at 11:35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection of the person thereon and from the evidence obtained by said inspection (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to Chronic myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner
Date signed June 26 1942

VS 6

F 93479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2151 Harford Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Prucillia Hunter Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Hart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1867

8. AGE: Years	Months	Days	If less than one day
75	0	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Hainley
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Ayres
15. Birthplace Maryland

16 (a) Informant Mr John Hart
(b) Address 2151 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Henry H. Mears and Son
(b) Address 865 N. Calvert Street

19 JUN 26 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 8 30 PM

21. I certify that death occurred on the date above stated: that I attended deceased from June 15 1942 to June 25 1942 and that I last saw her alive on June 25 1942.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Paget's Disease of Bone with pathological Fracture	
Due to Femur, Left	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Open Reduction Pathological Fract. Femur
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Stample M. D.
Address Md. General Hosp. Date signed 6/25/42

VS 3

F 93480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93480 No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correctly and legibly. Physicians: please write the causes of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Sheldon Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Sheldon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. May Agnes Offutt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-3345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife George H. Offutt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22. 1876

8. AGE: Years	Months	Days	If less than one day
66	1	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Sewing Operator
11. Industry or business Am. Ci Hosiery Mills Co.

FATHER
12. Name John C. Stallings
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Reinhardt
15. Birthplace Maryland

16 (a) Informant Mrs Mary Elizabeth Stetler
(b) Address 1321 Sheldon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 JUN 26 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25- 1942 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to June 25 1942 and that I last saw her alive on June 25, 1942.

Immediate cause of death Congestive Heart failure — Duration

Due to Chr. Myocarditis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Parsons M.D.
Address 4037 Falls Rd Date signed 6/24/42

VS 3

F 93481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93481 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Rose Point (Pasadena P.O.)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bay Side Road
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Hamilton, Sara Rose

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1940

8. AGE: Years	Months	Days	If less than one day
1	8	28½	hr. min.

9. Birthplace Royal Oak Mich
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Tom J Hamilton
13. Birthplace Omaha Neb.

MOTHER
14. Maiden Name Elsie Williamson
15. Birthplace Los Angles Cal

16 (a) Informant Mr. Tom J Hamilton
(b) Address Rose Point Pasadena P.O. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1942 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Md

18 (a) Funeral director Thomas D. Singleton
(b) Address Glen Burnie, Md

19 JUN 26 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26-42 19 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25-1942 to 6-26-1942 and that I last saw h[illegible] alive on 6-26-1942.

Immediate cause of death	Duration
Lobar pneumonia (Left lower lobe)	
Due to	
Due to	
Other Conditions Mongolian idiocy Underdevelopment, under- (Include pregnancy within 3 months of death)	

Date of operation Encephalogram.

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon M Cole M. D.
Address 6 E Lexington St Baltimore Md Date signed 6-26-42

VS 8

F 93482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93482 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1471 Riverside
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1471 Riverside ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen C. Tierney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	~~Married~~ Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1855

8. AGE: Years	Months	Days	If less than one day
87	1	6	hr. min.

9. Birthplace Portsmouth Va
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Tierney
13. Birthplace Ireland

MOTHER
14. Maiden Name Barbara Looney
15. Birthplace Ireland

16 (a) Informant Mrs. McDonough
(b) Address 1471 Riverside ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 JUN 26 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to June 26 1942 and that I last saw h alive on June 26 1942

Immediate cause of death

	Duration
Adeno carcinoma	Unknown
Due to Dysuria	Unknown
Due to	
Other Conditions Bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Lloyd
Address 1107 East Preston St
June 26, 1942.

VS 3

F 93483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 F 93483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question should be carefully supplied, correct age is especially important. Physicians: please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Division (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Haynes

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

7 MEDICAL CERTIFICATION

7a. DATE OF DEATH June 24 1942 - 7:40 P.M.

6. AGE: Years 77 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Frances Bantum
13. Birthplace Md.

MOTHER
14. Maiden Name Alvesta Lewis
15. Birthplace Md.

16 (a) Informant Grace A. Carroll
(b) Address 1411 Division

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml. W. Glass & Son
(b) Address 608 N. Fulton Ave.

19 JUN 26 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

7a. Duration Unknown
Due to Renal Disease
Due to
Other Conditions Senility
(Include pregnancy within three months of death)
Date of operation None
Major findings of operation
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. E. Hughes M.D.
Address 1413 Druid Hill Ave Date signed June 26/42

VS 8

93484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Cooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Cooks Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Cooke 3rd.

3 (b) If veteran, name war:

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Mary Bannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1909

8. AGE: Years	Months	Days	If less than one day
32	4	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Florist

11. Industry or business John Cooke, Inc.

FATHER
12. Name Herman Cooke
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mabel Graff
15. Birthplace Baltimore, Md.

16 (a) Informant H. Herman Cooke
(b) Address 709 Cooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Leitche
(b) Address 4104 Edmondson Ave

19 JUN 27 19[illegible] (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1941, to June 25, 1942, and that I last saw h[illegible] alive on June 23, 1942.

Immediate cause of death: Alcoholism (chronic) — Duration 1½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 514 Druid Park Lane Date signed 6/26/42

VS 3

WF/93485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. WF 93485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Holbrook St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Cuddy

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Henry
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept 9, 1860
8. AGE: Years: 81 | Months: 9 | Days: 17 | If less than one day: hr. min.
9. Birthplace: Baltimore Co Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Jacob Mitchell
13. Birthplace: Md

MOTHER
14. Maiden Name: Mahonne
15. Birthplace:

16 (a) Informant: Mrs Joseph Sheclock
(b) Address: 1605 Holbrook St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Md
Location: Baltimore Md
18 (a) Funeral director: Williams Cook Inc
(b) Address: 1217 E Pond St.
19 (a) JUN 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 26 1942 and that I last saw h[illegible] alive on June 26 1942.

Immediate cause of death
Due to: Pulmonary Embolism
Due to:
Other Conditions: Cardiac Arrhythmia

Operation (Include negative findings)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Fred Murphy M. D.
Address: 1504 N Patterson Park Ave Date: JUN 26 1942

E 93486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 93486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Valley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Valley St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anne Taylor

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George T. Taylor

7 yrs 2 mo 6 da hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: James Ryan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Anne McKenna
15. Birthplace: Ireland

16 (a) Informant: George T. Taylor
(b) Address: 1219 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 29 1942 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: Wilson & Son
(b) Address: 1212 St Paul St

19 (c) JUN 27 1942 Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942, to June 25 1942, and that I last saw her alive on June 24 1942.

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Bagnaby M. D.
Address 1531 E North Ave Date signed 6/25/42

correct age is especially important. Physicians: please write

F 93487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93e

F 93487 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5222 Cronsons Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5222 Cronsons Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HUGH FRANCIS GARDNER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-01-2351

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Sadie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	3	11	hr. min.

9. Birthplace Providence Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Waverly Press

FATHER
12. Name George L. Gardner
13. Birthplace England

MOTHER
14. Maiden Name Mamie Craig
15. Birthplace Maryland

16 (a) Informant Mrs Sadie Gardner
(b) Address 5222 Cronsons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Parkville, Md.

18 (a) Funeral director William Cooke Inc
(b) Address 1217 St. Paul St

JUN 27 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9:21 1941, to 6:26 1942 and that I last saw h/M alive on 6:26 1942

Immediate cause of death: Myocarditis — Duration 9 mos.

Due to ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Thomas F. Bourne M. D.
Address 5217 York Rd. Date signed

93488 57

BALTIMORE CITY HEALTH DEPARTMENT X 112 F 93488

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 4-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 WYOMING AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilbur J Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-70

8. AGE: Years	Months	Days	If less than one day
71	7	25	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Diplomatic

11. Industry or business

FATHER
12. Name EDWARD L CARR
13. Birthplace Ohio

MOTHER
14. Maiden Name Catherine Fender
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D. C.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Ave.

19 JUN 27 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to June 26 1942, and that I last saw HIM alive on June 26 1942.

Immediate cause of death	Duration
BRONCHIAL ASTHMA	
Due to CHRONIC ASTHMATIC BRONCHITIS	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: YES - PARTIAL

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund A. Feeney M. D.
Address 1201 N. Calvert St. Date signed 6/26/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

F 93489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42d

F 93489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 Copley Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Copley Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LONA EARL WILBUR

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Otis G. Wilbur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1892

8. Age: Years 49 Months Days Hours Min.

9a. Usual Occupation none
9b. Industry or business

FATHER
12. Name Dr. Theodore Strahan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ann Earl
15. Birthplace Baltimore, County, Md.

16 (a) Informant Mr. Otis G. Wilbur, husband
(b) Address 3511 Copley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves.

19 (a) JUN 27 1942 (Date received by Registrar) (b) Registrar

Hunting for Williams M.D.

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to June 28, 1942, and that I last saw her alive on June 25 1942.

Immediate cause of death
(a) Coronary Thrombosis due to
(b) Myocarditis
(c)
(d)

Duration

Contributory causes

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

17 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
Address 3 Boo W. North Ave Date signed 6/28/42

93490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930 F 93490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen Hospt
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 1
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~Town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 E. 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Benson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Emma L. Benson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1865

8. AGE: Years	Months	Days	If less than one day
77	3	1	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Clergyman (retired)
11. Industry or business

FATHER
12. Name Thomas Benson
13. Birthplace Md.

MOTHER
14. Maiden Name Damaris Barton
15. Birthplace Duchess Co., N. Y.

16 (a) Informant Mr. Francis M. Benson
(b) Address Holabird Motor Base - Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery
Location Freeland, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) JUN 27 19[illegible] Huntington Williams M.D.
(b) Address [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to June 25 1942, and that I last saw h/M alive on June 25 1942

Immediate cause of death: Coronary Thrombosis — Duration: Sudden 10 MIN.
Due to: Arteriosclerotic Cardiovascular Disease
Due to:
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Solomon M. Berman M.D.
Address WBGH Date signed 6/25/42

VS 2

93491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. E 93491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Benson ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Benson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella R Crisp

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married —

6 (b) Name of husband or wife Alvin C —
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 13/1882

8. AGE: Years	Months	Days	If less than one day
60	2	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Rodgers
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Mc Cabe
15. Birthplace Ireland

16 (a) Informant Alvin Crisp (husband)
(b) Address 2901 Benson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director N. S. Fink
(b) Address 2512 Hilkins Ave

19 JUN 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1942 at 7 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration
Lobar Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Dr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddaris M.D.
Medical Examiner.
Date signed 6-26-42

VS 6

F 93492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93492 Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 N. Carline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give county)
(d) Street No. 905 N. Carline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Gleaves (Harriett A. Gleaves)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race CR.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Abraham Gleaves

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July - 1878

8. AGE: Years 63 Months 11 Days If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Martin
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Stanley
15. Birthplace Md.

16 (a) Informant Mrs. Gleaves (Son)
(b) Address 905 N. Carline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1942 (month) (day) (year)

(c) Cemetery or crematory Forbush Memorial Park
Location

18 (a) Funeral director Peter L. Crowe
(b) Address 840 N. Carrollton St

19 JUN 27 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 1939 to June 25 1942
and that I last saw her alive on April 1941.

Immediate cause of death Aortic Insufficiency — Duration 3 yrs

Due to

Due to

Other Conditions Chr. Nephritis also Marked Hypertension — Duration 3 yrs
(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation: No

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1424 E. Monument Date signed 6/26/42

VS 3

Approved: Robert Lee Dickinson, M.D.
June 27 1942

416064

F 93493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 557 Baker (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward W Jackson Jr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-29

8. AGE: Years	Months	Days	If less than one day
12	6	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Hillary Griffin
13. Birthplace Md
14. Maiden Name Phoebe Jackson
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelso
(b) Address 1303 Pennsylvania Ave

19 JUN 27 1942 Huntington Williams M.D.
(Date rec'd by reg'strar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to June 25 1942; and that I last saw h[illegible] alive on June 25 1942.

Immediate cause of death	Duration
Heart failure	2 days
Due to Bacterial vascular renal disease	2 yrs.
Due to renal dysfunction	
Other Conditions Chronic nephritis (Include pregnancy within 3 months of death)	7 yrs.

Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Kerr Pollock M.D.
Address Johns Hopkins Hospital Date signed 6-26-42

VS 3

F 93494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 93494
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Hospital or institution:~~ Brought by Police Boat, Chas. Smither
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 North Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE RODGERS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Evelyn Rodgers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name James Rodgers
13. Birthplace Md

MOTHER
14. Maiden Name Lonnie Brown
15. Birthplace Md

16 (a) Informant Evelyn Rodgers
(b) Address 1200 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. A. County Md

18 (a) Funeral director Joseph B. Locke
(b) Address 3647 N. Central Ave

19 (Date rec'd by registrar) JUN 27 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22- 1942, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Found Drowned	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 23
(a) Accident, suicide, or homicide Found Drowned
(b) Date of occurrence Probably 6/19 or 20/42 at — M
(c) Where did injury occur? Spring Garden City Harbor
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Pavilion While at work? —
(Specify type of place)
(e) Means of injury Found drowned.
23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 6-22-42

VS 6

F 93495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 S.Robinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 S.Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Hagey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jacob Hagey
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1877

8. AGE: Years	Months	Days	If less than one day
64	7	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Philip Propf
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schlimm
15. Birthplace Germany

16 (a) Informant Jacob Hagey
(b) Address 441 S.Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N. Broadway.

JUN 27 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3, 1942 to June 24 1942 and that I last saw h alive on June 24 1942.

Immediate cause of death Hypertensive Cardio-Vascular-renal disease — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Tennenbaum M.D.
Address Medical Arts Bldg. Date signed 6/26/42

F 93496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942a

Registered No. F 93496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson F. Mandelbaum

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Margaret D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1880

8. AGE: Years	Months	Days	If less than one day
61	6	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Office
11. Industry or business Clerk.

FATHER
12. Name Ansel Mandelbaum
13. Birthplace Winchester, Va.

MOTHER
14. Maiden Name Frances Frank
15. Birthplace Balto. Md.

16 (a) Informant Mrs. M. Mandelbaum
(b) Address 2731 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Lowenheim Son
(b) Address 1982 Eutaw Place

19 JUN 27 [redacted] Huntington Williams M.T.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 9 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy and from my inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Gutman M.D. (Medical Examiner)
Date signed June 27 1942

VS 6

Correct the following supposedly important items: Physicians: please write the causes of death clearly and legibly.

F 93497

F ~~30450~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

F 93497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2753 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE E. SINNOTT

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: James B. Sinnott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/19/1871

8. AGE: Years	Months	Days	If less than one day
70	8	7	hr. min.

9. Birthplace: Frederick, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business: home

FATHER
12. Name: John Stone
13. Birthplace: Md.

MOTHER
14. Maiden Name: ? Cartsdoffer
15. Birthplace: Md.

16 (a) Informant: James B. Sinnott, husband
(b) Address: 2753 Mosher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Edmondson Ave., Balto., Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Aves., Balto., Md.

19 (a) JUN 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1942, at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to June 26 1942; and that I last saw h[illegible] alive on June 25 1942.

Immediate cause of death: Edema Carcinoma (Gastric) — Duration: 7

Due to

Due to

Other Conditions: Secondary in Pancreas

(Include pregnancy within 3 months of death)

Date of operation: Operated 4 yrs ago

Major findings of operation: Extreme Adhesions due to acute Ulcers

Results of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: George L. Wiseley, M.D.
Address 4000 Edmondson Ave Date signed 6-27-42

VS 8

F 93498 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a F 93498 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Sydnor (Annie Sydnor)

3 (b) If veteran, name war: none —
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Phelmon
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1859

8. AGE: Years: 82 83 | Months: 9 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Oriole, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: William James Smith
13. Birthplace: Oriole, Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs. Emma Phillips, daughter
(b) Address: 2107 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/42 (month) (day) (year)
(c) Cemetery or crematory: St. Peters Cem.
Location: Oriole, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Aves.

19 JUN 28 1942 (b) Huntington Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1942 at 3:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Foster M.D. Medical Examiner.
Date signed June 27 1942

VS 6

F 93499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 E. 36th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 W. 36th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Mirowsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Riva Mirowsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 66 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: David
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sarah
15. Birthplace: Russia

16 (a) Informant: B. Mermelstein
(b) Address 1506 W. 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-42 (month) (day) (year)

(c) Cemetery or crematory: Roselle
Location: Pulaski Hamilton Ave

18 (a) Funeral director: Jacob Lewis Levy
(b) Address 1439 E. Baltimore St

19 JUN 28 1942 (b) Huntington Williams, M.D. Registrar
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27-42 19 at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940 to June 27 1942 and that I last saw him alive on June 27 1942.

Immediate cause of death: Myocardial Infarction — Duration:
Due to: Coronary Thrombosis
Due to:
Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Leo Millet
Address 84 E. Lexington St. Date signed 6/27/42 M. D.

VS 3

F93500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

F93500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument E
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Palmer ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Benjamin Berman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Celia Sherman

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace R

MOTHER 14. Maiden Name Unknown

15. Birthplace R.

16 (a) Informant Geo Hoffman

(b) Address 3007 N Gaywas ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-28-42 (month) (day) (year)

Cemetery Pikesville Cemetery City

Location Ringdale Sec Lot

18 (a) Funeral director Jos L Levine Inc

(b) Address 1439 E Baltimore St

JUN 28 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1942 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1942 to 6/26 1942 and that I last saw h alive on 6/26 1942

Immediate cause of death Pulmonary edema

Due to Cardiac failure

Due to Justic + Cerebrovascular Disease

Other Conditions Bilateral bronchopneumonia - Lobar Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard A Blum M. D.

Address Sinai Hospital Date signed 6/29/42

VS 8

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F93501 State 1942 12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F93501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Leadenhall St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Leadenhall St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Jackson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Frank Jackson
6 (c) If alive, his age 35 years

7. Birth date of deceased (mo., day, yr.) Oct 10 1912

8. AGE: Years	Months	Days	If less than one day
29	8	9	hr. — min.

9. Birthplace Miss. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business ✓

FATHER
12. Name Ben Little
13. Birthplace Miss.

MOTHER
14. Maiden Name Lula Jackson
15. Birthplace Miss.

16 (a) Informant Lula Sharp
(b) Address 917 Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Josiah C Brown Son
(b) Address 1054 Monument St

JUN 28 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24-1942 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-1942 to 6-24-1942
and that I last saw [illegible] alive on 6-24-1942

Immediate cause of death	Duration
Endocarditis	
Due to ✓	
Due to ✓	
Other Conditions Asthma (Bronchial) & Childbirth. 6/15/1942 (Include pregnancy within 3 months of death)	over

Date of operation ✓
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James J Taylor M. D.
Address 1016 N. Stafford Date signed 6-27-42

F93502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83c

Registered No. F93502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 Burkwood Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 Burkwood Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Eid

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1864

8. AGE: Years 78 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Mt Lebanon, Syria (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name E Eid
13. Birthplace Syria

MOTHER 14. Maiden Name Thuba (Unknown)
15. Birthplace Syria

16 (a) Informant David M Bowyer
(b) Address 312 Burkwood Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral MD
Location Baltimore MD

18 (a) Funeral director Wilfong Corp of Washington
(b) Address 1217 H Washington Williams, M.D. Registrar

19 JUN 28 1942 (b) (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 6-29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to June 26 1942 and that I last saw h[illegible] alive on June 26 1942

Immediate cause of death: Cardiac arrest following senile arteriosclerotic condition — Duration 6 mo

Due to: Cerebral arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos M Boyle M. D.
Address 2430 Maryland Ave Date signed 6/27/42

VS 8

F 93503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93503

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2548 Monica St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 Monica St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Haber

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 6180

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1861

8. AGE: Years 80 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name (Unknown) Gigmar
13. Birthplace Unknown

MOTHER
14. Maiden Name Johanna Schroder
15. Birthplace Germany

16 (a) Informant Johanna Lutz
(b) Address 2548 Monica St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director William Ahl Son
(b) Address 1217 E. Fort Ave

19 JUN 28 1942 (Date rec'd by registrar) (c) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 12 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15/42 to June 27/42, and that I last saw alive on June 27/42.

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hrs

Due to: Arterio Sclerosis

Due to: High Blood Pressure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry B. Hollmann M.D.

Address 1213 Eutaw Pl City June 27/42

VS 3

F 93504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 F 93504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Clayton Court
(If rural give location)
(e) If foreign born, how long in U. S. A? yrs.

3 (a) FULL NAME Mrs. Ernna F. Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph E. Lucas
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) January 16, 1911

8. AGE: Years	Months	Days	If less than one day
31	5	10	____ hr. ____ min.

9. Birthplace Lake View County, Oregon
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Daniel Graf
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna
15. Birthplace Germany

16 (a) Informant Mr. Daniel John Graf
(b) Address 111 Clayton Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) Filed JUL 2 8 1942 (b) Huntington Williams, M.D.
(Date filed) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1942 to June 26 1942, and that I last saw her alive on June 26 1942.

Immediate cause of death
T.B. Pleurisy
Atelectasis
Due to Mitral Stenosis
Cirrhosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 mos.
3 mos.
?
?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Goodman Jr. M. D.
Address Franklin Square Hospital Date signed 7/6/42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93505 — 83a — F 93505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Mt Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Mt Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Dugan,

3 (b) If veteran, name war ---
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John F. Dugan,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22. 1862

8. AGE: Years	Months	Days	If less than one day
80	4	3	hr. min.

9. Birthplace Boston Mass. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Dennis Toomey.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Ellen Flynn,
15. Birthplace Ireland.

16 (a) Informant Dennis A. Dugan,
(b) Address 703 Mt Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Washington D.C.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondsoh Ave.

19 JUN 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26. 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1942 to 6-25 1942, and that I last saw h[illegible] alive on 6-25 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arteriosclerosis	7
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Not Given
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Wrang
Address 4000 Edmondson Ave Date signed 6-26-42 M. D.

VS 8

F 93506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Bedford
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin A. Arnold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Carolina

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 7-17-82

8. AGE: Years 59 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James E. Arnold
13. Birthplace Pa.

MOTHER
14. Maiden Name Alvera Smith
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery St. Paul's Reformed Church
Location Cessna, Pa

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 JUN 28 1942 (b) Huntingdon Pennsylvania

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942 at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942 to June 27 1942 and that I last saw h alive on June 27 1942

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Carcinoma of Lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Stevens M.D.
Address Johns Hopkins Hosp Date signed 6-27-42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

93507

CERTIFICATE OF DEATH

√33a

F 93507

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Exeter St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lawrence Madison

If U. S. Veteran specify WAR

(a) Residence: No. 137 N. Exeter St., Ward, S.S. No. 217-07-8806

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Madison

6. DATE OF BIRTH (month, day, year) Oct. 15th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. provision trucks

10. Date deceased last worked at this occupation (month, year) April 42

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Madison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Julia Madison

(Address) 137 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date June 29th 1942

19. UNDERTAKER Byron [illegible] & Ralph

(Address) 21 Druid Hill Ave

21 IN 33a 1040 Huntington Ave. Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 1 1942 to June 26 1942

I last saw him alive on June 25 1942 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonal Pneumonia	Three weeks
La Grippe	one week
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) Richard J. Eastridge M. D.

(Address) 1514 E. Baltimore St.

F 93508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 93508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 N Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 N Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Meyer Sigel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 15, 1876

8. AGE: Years	Months	Days	If less than one day
65	6	13	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Shoe Maker

FATHER
12. Name Abraham Sigel
13. Birthplace Russia

MOTHER
14. Maiden Name Leah ?
15. Birthplace Russia

16 (a) Informant Betty Winner
(b) Address 30 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1F[illegible]1126 W North Ave

19 JUN 28 19[illegible] Huntington Williams M.D. (Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

5.10

20. DATE OF DEATH June 28, 1942 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 19 42, to 6/28 19 42, and that I last saw h[illegible] alive on 6/28 19 42.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2320 Eutaw Pl Date signed 6/28/42

VS 3

F 93509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161c

F 93509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1807 Dukeland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Gary Stubler (Birth F. 53707)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Wh.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-21-42
8. AGE: Years | Months | Days 6 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond Andrew Stubler
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Edna Goodman
15. Birthplace Chester Town Md.

16 (a) Informant Mrs. Dorothy Stubler
(b) Address 1807 Dukeland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Howard H. Bishop Jr
(b) Address 4914 Belair Rd

JUN 28 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27-42 19 at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1942 to 6-27 1942.
and that I last saw h alive on 6-27 1942.

Immediate cause of death Cardiac insufficiency — Duration

Due to Anoxemia Asphyxia

Due to Neuroblastoma Erythroblastosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Splenomegaly, Jaundice

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Simon M. Checkett M.D.
Address WBGH Date signed 6/29/42

VS 8

F 93510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93510 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 St. Paul St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst.-(yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Harrison

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James Oliver Harrison
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1863

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Rock Hall, Maryland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Dickinson
13. Birthplace Md.

MOTHER
14. Maiden Name Ursula Colley
15. Birthplace Md.

16 (a) Informant Mrs. Helen H. Brown
(b) Address Rose Valley, Moylan, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or ~~Funeral~~ Greenmount
Location North Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1660 Eutaw Place

JUN 29 1942

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1933 to June 27 1942
and that I last saw h~~er~~ alive on June 20 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 6 mo

Due to

Due to Arteriosclerotic cardio vascular disease — ?

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature 2435 Maryland Ave. M. D.
Address 2435 Maryland Ave. Date signed

VS 8

93511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

93511

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richard Grove St
(c) Hospital or institution: University H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Mubley Mead
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Joseph Holley

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Maggie Holly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1880

8. AGE: Years 62 Months — Days — If less than one day hr. min.

9. Birthplace Mubley Mead, St. Mary's Md (town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Wallace Holley

13. Birthplace Md

MOTHER 14. Maiden Name Rachael Butler

15. Birthplace Md

16 (a) Informant Maggie Holly

(b) Address Huntingtown R. D. Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Our Lady's Chapel
Location Mubley Mead, Md.

18 (a) Funeral director H. C. Mattingly Sons

(b) Address Leonardtown, Md.

19 JUN 28 1942 (b) Huntingtown, Md.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942 to June 27 1942 and that I last saw h— alive on June 27 1942

Immediate cause of death Carcinoma of pancreas & abdominal metastasis — Duration 3 ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged provisionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Stange

Address Owen Hoss Date signed 6/28

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 9

93512 Yuch

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

136 F 93512
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2128 Cambridge St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 Cambridge St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rose A. Fleischman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Fleischman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1881

8. AGE: Years	Months	Days	If less than one day
61	4	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Fleischman
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Frolich
15. Birthplace Bohemia

16 (a) Informant Ann Williams
(b) Address 2128 Cambridge St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Enoch Grove Son
(b) Address 900 N Eutaw St

JUN 29 1942 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942, at 6:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 19 42 to June 25 19 42 and that I last saw h[illegible] alive on June 24 19 42

Immediate cause of death
Due to Pulmonary Tuberculosis
Due to Fulminating
Other Conditions Acute Cardiac Dilatation
(Including pregnancy within 3 months of death)
Duration 4 days

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Ford Laurence M. D.
Address 838 N Eutaw St Attending Physician
JUN 26 1942

correct age if capacity important. Physicians: please write the cause in your own words and legibly.

VS 3

93513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 b Registered No.

F 93513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County a a
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Cornhill St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Norfolk

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 - 1916

8. AGE: Years 25 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward O Norfolk
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Addie Brady
15. Birthplace Calvert Co Md

16 (a) Informant Edward O Norfolk
(b) Address 37 Cornhill St Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-42 (month) (day) (year)
(c) Cemetery or Crematory Friendship M. E.
Location Friendship Annapolis

18 (a) Funeral director B L Hopkins
(b) Address Annapolis Md

19 JUN 29 1942 Huntington Williams M.D.
(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1942, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1942, to 6-28 1942, and that I last saw him alive on 6-28 1942.

Immediate cause of death
Ventricular extremities
Due to Mitral Insufficiency
Cardiac Decompensation
Due to Cardiac failure

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 6-28

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 93514

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address found in harbor at foot of Hanover place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1879

8. AGE: Years 62 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace (Town, county, and state) ?

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 42 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd

18 (a) Funeral director S. Walter Tracy
(b) Address 619 N. Baltimore St.

JUN 29 1942 (Date of this registration) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1942 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Drowning accidental
Due to
Due to
Other Conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence June 14 1942 M
(c) Where did injury occur? Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Drowning

23. Signature H. Z. Walker M.D. Medical Examiner.
Date signed 6-15-42

VS 6

Correct age at death from public records. Physicians: Please write the cause of death clearly and legibly.

F 93515

AB-74373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-b

F 93515

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry George Gore

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-4343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1893

8. AGE: Years	Months	Days	If less than one day
48	7	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Frank Gore(d)
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Stevens
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore County

18 (a) Funeral director George A Weber
(b) Address 705 S Ann st

19 (a) JUN 29 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1942 at 5-05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1942 to 6-28 1942, and that I last saw h alive on 6-28 1942.

	Duration
Immediate cause of death: Cardiac failure	7
Due to: Rheumatic heart disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rackham

Address Balto. City Hosp Date signed 6-28-42

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 93516

F 93516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Thames (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Wisowaty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife John

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 3-16-89

8. AGE: Years	Months	Days	If less than one day
53	3	11	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Francis Dobrzychi

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore County

18 (a) Funeral director George A. Weber

(b) Address 705 S. Ann St

19 (a) JUN 29 1942 Registrar

(Date received by Registrar)

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 8:16 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942, to June 27 1942, and that I last saw her alive on June 27 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to Cardiovascular — renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hosp Date signed 6/29/42

correct age if uncertain; important. Physicians: please write the causes of death clearly and legibly.

F 3265-7 F 53517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Portugal
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victor Buettner Victor Buettner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Separated Married

6 (b) Name of husband or wife Tillie Buettner

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 22, 1889

8. AGE: Years 53 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edmund Buetner
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Lanter
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A Weber
(b) Address 706 S Ann St

19 (a) (Date rec'd by local reg.) JUN 29 1942 (b) Huntingtn Williams, Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942, at 8 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1942 to 6-21 1942, and that I last saw h alive on 6-21 1942.

Immediate cause of death

Carcinoma of pancreas with metastases — Due to — Duration 4 Mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-22-42

Major findings of operation: Carcinoma of pancreas

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Stott M. D.
Address Balto City Hosp Date signed 6-21-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93518

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Andre St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Andre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Bell Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Harvey W. Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1868

8. AGE: Years 74 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Charles J. Bridna
13. Birthplace W. Va.

MOTHER
14. Maiden Name Eliza M. Ashby
15. Birthplace W. Va.

16 (a) Informant Mrs. Dove
(b) Address 1439 Anda St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1417 W. Lafayette Ave. Baltimore, Md.

19 (a) JUN 29 1942 (Date Received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th, 1942, at 3:28 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to June 27 1942 and that I last saw her alive on June 27 1942

Immediate cause of death — Duration

Cerebral Hemorrhage (Left side) — 3 hours

Due to Hypertension

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Leichtenberg M. D.
Address 1717 W. Madison St. (Signed)

VS 3

F 93519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93519 / 83d Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Norwood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Alice Maxwell Wilkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Charles H. Wilkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1853

8. AGE: Years	Months	Days	If less than one day
89	3	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William H. Johnson
13. Birthplace Talbot County, Md.

MOTHER
14. Maiden Name Mary F. Abrahams
15. Birthplace Port Deposit, Md.

16 (a) Informant Mrs. Celeste W. Black
(b) Address 4310 Norwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John C. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place Huntington Williams, M.D.

19 (a) JUN 29 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942, to June 26 1942, and that I last saw h.er alive on June 26 1942

Immediate cause of death: Pulmonary edema / Hypostatic Pneumonia — Duration: 1 day / 2 days

Due to: Hemiplegia — Duration: 8 days

Due to: Arterio-Sclerosis / Hypertension

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

Signature A. F. Lee M. D.
Address 24 S. Broadway Date signed June 29/42

VS 8

F 93520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 E. Cross St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Cross St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Henry Rinkle

3 (b) If veteran, name war: World War I

5 (c) Social Security Account No. 217-01-8665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret D. Rinkle
6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Jan. 11, 1896

8. AGE: Years	Months	Days	If less than one day
46	5	16	hr. ___ min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Longshoreman
11. Industry or business

FATHER — 12. Name	Karl Rinkle
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Louise Kraft
MOTHER — 15. Birthplace	Germany

16 (a) Informant: Margaret D. Rinkle
(b) Address: 10 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/30/42 (month) (day) (year)
(c) Cemetery or crematory: Lutz National Cemetery
Location: Frederick Rd.

18 (a) Funeral director: Elizabeth Yarborough
(b) Address: 1166 Pratt St.

19 (a) JUN 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942 at 5:40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: —
Due to: — Duration: —
Due to: — Duration: —
Other Conditions: — Duration: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: Robert Lee Grattan M.D. Medical Examiner.
Date signed: June 27 1942

VS 4

F 93521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 150

F 93521 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Edmondson ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie N. Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	married

6 (b) Name of husband or wife Sylvester Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14 [illegible]

8. AGE: Years	Months	Days	If less than one day
52	10	11	hr. min.

9. Birthplace Union - S.C. (Town, county, and state)
10. Usual Occupation Houseworker
11. Industry or business

FATHER
12. Name Elias Bardy
13. Birthplace Union S.C.

MOTHER
14. Maiden Name Elizabeth Spence
15. Birthplace Union - S.C.

16 (a) Informant Sylvester R. Lewis
(b) Address 1509 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs Hattie R. Williams
(b) Address 322 N. Schroeder St. Huntingtown Williams, Md.

19 JUN 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25- 1942, at 2.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereof and from the evidence (Autopsy or Inquiry)
obtained by said Inspection - Autopsy (Autopsy or Inquiry) had that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma Carcinoma of Breast	
Due to Metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 6-26-42

VS 6

Correct in every important particular. Physicians: please write the causes of death clearly and legibly.

F 93522

F 93522

BALTIMORE CITY HEALTH DEPARTMENT 54a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene Street
(c) Hospital or institution: University Hospital 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 101 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 671 N. Pine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Unknown.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29 - 1905

8. AGE: Years	Months	Days	If less than one day
37	3	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Cora Jones
15. Birthplace —

16 (a) Informant Charles Williams
(b) Address 671 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St Huntington Station, Md.

19 JUN 29 1942 Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1942 to June 25 1942, and that I last saw her alive on June 25 1942.

Immediate cause of death Astrocytoma of Brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Brain tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haas M.D.
Address Univ. Hosp. Balto. Md. Date signed 6/25/42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 180

Registered No. 793523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural Roseberg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. M.

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Henry C. Johnson
13. Birthplace Va.

MOTHER 14. Maiden Name Laura Preece
15. Birthplace Md

16 (a) Informant Laura Preece
(b) Address Ridge Rd. Roseburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-42 (month) (day) (year)

(c) Cemetery or crematory Putty Hill Cem
Location Balto. County Md

18 (a) Funeral director Joseph B. Lipka
(b) Address 1344 N. Central Ave

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 12 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to death on the day stated above.

Immediate cause of death Extensive 3rd degree burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-4-42 at 10: A.M.
(c) Where did injury occur? Roseburg, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury gasoline caught fire.

23. Signature Robert Lee Fretwell M.D. Medical Examiner.
Date signed June 28 1942

VS 6

F 93524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1168

F 93524 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Speaks Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Green Wood S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Speaks Sr.
13. Birthplace New berry S. C.

MOTHER
14. Maiden Name Beatrice Crafton
15. Birthplace Ga.

16 (a) Informant Beatrice Speaks
(b) Address 204 N. Gilmor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md

18 (a) Funeral director Chas. H. Alexander
(b) Address 227 N. Mount St.

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 20

20. DATE OF DEATH June 26 1942, at 12 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence June 25 1942 at 11.00 P M
(c) Where did injury occur? 204 N. Gilmor St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Private (Specify type of place) While at work? No
(e) Means of injury Struck on head by pipe

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 28 1942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93525 CERTIFICATE OF DEATH 832 F 93525

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2416 Penna Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Thompson 50

If U. S. Veteran specify WAR

(a) Residence: No. 2416 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 1875

7. AGE: 67 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Thompson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Martha Weinkamm

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Phelps Fields

(Address) 2416 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-29 '42

19. UNDERTAKER: George A. Kelson

(Address) 1303 Freestman St

20. JUN 29 1942 19— Huntington, Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27 — 1942

22. I HEREBY CERTIFY, That I attended deceased from June 27 — 19 42 to June 27 — 19 42

That saw him alive on June 26 19 42 Death is said to have occurred on the date stated above, at 2:30 pm

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Duration of each

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Coleman M. D.

M.D. (Address) 2837 Mountcastle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

F 93526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93526 Registered No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Fait Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Fait Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Wolbert
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Anton T. Wolbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1881

8. AGE: Years	Months	Days	If less than one day
60	7	26	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name William Crockett
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Mary C. Chambers
15. Birthplace Howard Co. Md.

16 (a) Informant Anton T. Wolbert
(b) Address 3902 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) JUN 29 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to June 27 1942, and that I last saw her alive on June 22 1942.

Immediate cause of death: Coronary Thrombosis — Duration 2

Due to

Due to

Other Conditions Diabetes Mellitus — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Gaskell, M.D.
Address 687 S. Conkling St. Date signed 6/29/42

F 93527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1932

F 93527 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert F. Perry

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 216-09-0125

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rena Dolores Pol Perry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1894

8. AGE: Years 47 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation Guard

11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Perry
13. Birthplace Minn.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Rena M. Perry
(b) Address 1321 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Nuttle
(b) Address 401 E Monument Ave

19 (a) JUN 29 1942 (Date received) Huntington Williams, M.D. (Address) 1316 W Lombard St Date signed 6/29/42

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1942 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942 to June 26 1942, and that I last saw him alive on June 26 1942.

Immediate cause of death: Hypertensive Cardio vascular disease 2 Edema Lung — Duration: ?

Due to

Due to

Other Conditions: Bronchial Asthma & Bronchiectasis — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature H. Roe Huntington Williams M.D.

VS 8

F 93528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93528 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Marsh, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME ELI CAPLAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Junk dealer

11. Industry or business

FATHER
12. Name Abraham Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Leventon
15. Birthplace Russia

16 (a) Informant Samuel Caplan, brother
(b) Address 1643 N. Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-42 (month) (day) (year)
(c) Cemetery or crematory Verian Cem. Co.
Location Roredale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 [illegible]

19 (a) JUN 29 1942 (Date received) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942, at 2:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerotic cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally, M.D. per Medical Examiner. M.D.

Date signed 6-29-42 Robert Lee Fortune M.D.

F 93529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 93529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 S. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 S. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Mrozinski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Kathrine Mrozinsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unk.

13. Birthplace Poland.

MOTHER 14. Maiden Name Unk

15. Birthplace Poland

16 (a) Informant Kathryne Mrozinski

(b) Address 531 S. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-42 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore

18 (a) Funeral director Fred W Ozarzewski

(b) Address 1930 Gartland Lane

19 JUN 29 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1941 to June 27 1942 and that I last saw him alive on June 26 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	(a) 7-5-42
Arteriosclerosis	6-25-42
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl Schemenauer

Address 842 S. Eaton Ave. Date signed 6-27-42 M.D.

F 93530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. F 93530

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Ellsworth ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isom Wilkes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36 37	10	11		

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ben Wilkes
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Wilkes
15. Birthplace Va.

16 (a) Informant Charles Sims
(b) Address 1623 Ellsworth Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A-L Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

JUN 29 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 7 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquest thereon and from the evidence obtained by said inspection & inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Hemorrhage

Due to deep laceration of neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 26 1942 M
(c) Where did injury occur? North Point Rd & Trappe Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? road (Specify type of place) While at work? Yes
(e) Means of injury Auto accident. Passenger

23. Signature Robert Lee Fraser M.D.
Medical Examiner.
Date signed June 27 1942

VS 6

F 93531 ✓ F 93531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1119 Carrollton Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	1	9		

9. Birthplace Lunenburg, Va. (Town, county, and state)

10. Usual Occupation Chemist

11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Miss Bernell Smith
(b) Address 2009 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Jno. George H. Jeffries
(b) Address 2009 Druid Hill Ave.

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942 to June 25 1942 and that I last saw him alive on June 25 1942.

Immediate cause of death Cerebral Vascular Accident

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 days
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Jansen M. D.
Address Mercy Hospital Date signed 6-25-42

VS 1

F 93532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 93532 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5134 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin Fisher

3 (b) If veteran, name war No -

3 (c) Social Security Account No. 215-03-5745

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose M. Fisher
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1894

8. AGE: Years	Months	Days	If less than one day
51	6	23	15 hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Foreman Knox
11. Industry or business Towne Co.

FATHER
12. Name Lewis E Fisher
13. Birthplace Balto Md

MOTHER
14. Maiden Name Emma E Ellis
15. Birthplace Balto Md

16 (a) Informant Franklin L. Fisher Jr
(b) Address 5134 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Loraine Park Cem
Location Balto County

18 (a) Funeral director A. Kaney Elam
(b) Address 1402 D Eutaw St

19 JUN 29 1942 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1942, at 9.05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of Heart & Lung	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-28-42 at 8 A M
(c) Where did injury occur? 5134 Reisterstown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Sharp instrument Knife

23. Signature Howard J. Karpas M.D. Medical Examiner.
Date signed 6-28-42

VS 6

F 93533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93e

Registered No. F 93533

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Fischer Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Emma Fischer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1862

8. AGE: Years	Months	Days	If less than one day
79	11	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Gold Storage Plant

FATHER
12. Name Gotlieb H. Fischer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth J 2
15. Birthplace Germany

16 (a) Informant Emma Fischer
(b) Address 1505 1805 Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 42 (month) (day) (year)
(c) Cemetery or crematory Bakerwood
Location Parkville Md

18 (a) Funeral director Albert H Yeager
(b) Address 440 E Preston St

19 (d) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Nottingham M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1942, to June 26 1942, and that I last saw him alive on June 23 1942.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Cutterman

Address 2324 Reisterstown Rd Date signed 6/27/42 M. D.

VS 3

F 93534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93534 Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5314 Fernpark Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Lisbon
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NETTIE L. WINDSOR

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife: Harry W. Windsor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/1874

8. AGE: Years	Months	Days	If less than one day
68	3	26	hr. min.

9. Birthplace New Market, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business home

FATHER
12. Name Grafton Hammand
13. Birthplace New Market, Md.

MOTHER
14. Maiden Name Martha Trayer
15. Birthplace New Market, Md.

16 (a) Informant Mrs. Ruth H. Derr,
(b) Address 5314 Fernpark Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory New Market Cem.
Location Frederick, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942 at 8. P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1942 to 6-27 1942 and that I last saw h[illegible] alive on 6-27 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Myocardial Degeneration	6 Mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Latimer M.D.
Address 260 E. Garrison Blvd Date signed 6-28-42

F 93535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466

F 93535 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 Shirley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Shirley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUIS H. WIEBKING

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 705 - 09 - 1845

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora V. Wiebking

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/1886

8. AGE: Years 55 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Road Foreman - Engineers

11. Industry or business B & O

FATHER
12. Name Louis Weibking
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eliz. Kahler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Nora V. Wiebking.
(b) Address 2519 Shirley Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto.

19 (a) JUN 29 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 19 42 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1942 to June 27 1942 and that I last saw him alive on June 22 19 42.

Immediate cause of death: Carcinoma of stomach. — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 17 1942

Major findings of operation: Malignant tumor of stomach.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney A. Blewett M. D.
Address 421 E Fort Ave Date signed 6/29/42

F 93536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

F 93536 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 N. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John B. Foschia

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-04-4542

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1890

8. AGE: Years	Months	Days	If less than one day
57	8	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Koppers Co.

FATHER
12. Name Jacob Foschia
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Schmeck
15. Birthplace Germany

16 (a) Informant Mrs. Lula Foschia
(b) Address 540 N. Pulaski St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Bath 2nd

18 (a) Funeral director J. Vernon Hughes
(b) Address 2301 Edmondson Ave

JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27 1942 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1942, to 6/27 1942, and that I last saw him alive on 6/27 1942.

Immediate cause of death: Peritonitis — Duration: 11 days

Due to: Post. operative Gastrectomy — 11 days

Due to: Peptic ulcer — 3 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/19/42

Major findings of operation: Gastric ulcers, biopsy

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature J. R. Dwyer M.D.

Address St. Agnes Hosp. Date signed 6/28/42

F 93537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 93537 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMO: RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural. Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara May O'Ferrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Jos. H. O'Ferrell
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
29	28		hr. min.

9. Birthplace Albemarle Co. Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Emmett Lamb
13. Birthplace Albemarle Co. Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant J. H. O'Ferrall
(b) Address Sparrows Point, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 - 1942 (month) (day) (year)
(c) Cemetery or crematory Albemarle Co. Va
Location

18 (a) Funeral director John O. Miller
(b) Address 2706 Edmondson Ave

19 (a) JUN 29 1942 (b) Huntington Williamsport

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942, at 11 7 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Internal hemorrhages — Duration

Due to Rupture of liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident Cole Co.
(b) Date of occurrence June 28 1942. M
(c) Where did injury occur? Wise Ave. & Bear Creek (City or town) (County) Baltimore
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury Auto accident

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 29 1942.

F 93538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 93538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 9 mo
(e) Length of stay in Baltimore (yrs., mos., or days): 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Calvert
(c) City or town: Solomons Island (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: THOMAS FRANK BARTLETT

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Florence Simmons
6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): October 27, 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	8	1		

9. Birthplace: Heathsville, Virginia (Town, county, and state)
10. Usual Occupation: Fisherman
11. Industry or business:

FATHER
12. Name: John Bartlett
13. Birthplace: Warsaw, Virginia

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace: Warsaw, Virginia

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1942 (month) (day) (year)
(c) Cemetery or crematory: Wesley M.E.
Location: Prince Frederick, Md.

18 (a) Funeral director: A. A. Haynes & Son
(b) Address: Mutual, Md.

19 (a) (b) Huntington Williams, M.D.

JUN 29 1942

MS VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28, 1942, at 8:45 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28, 1942 to June 28 1942, and that I last saw h im alive on June 28, 1942.

Immediate cause of death: Cardiac disease, myocarditis, chronic — Duration: 5 yrs.
Due to: Prostatic hypertrophy with obstruction
Due to:
Other Conditions: Prostatic hypertrophy with obstruction — Duration: Unk
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Huntington Williams
Address: US Marine Hospital, Baltimore, Md. Date signed: 6/29/42 M. D.

F 93539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 93539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 North Union AVE,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ogden (Birth F. 52217)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1942

8. AGE: Years	Months	Days	If less than one day
			23 hr. 25 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Warren G. Ogden, Jr.
13. Birthplace

MOTHER
14. Maiden Name Mary Billings
15. Birthplace New Hampshire

16 (a) Informant Lieutenant W.G. Ogden Jr.
(b) Address 109 N. Union Ave, Havre de Grace, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 29 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 29 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1942, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1942, to 6-24 1942, and that I last saw him alive on 6-24 1942.

Immediate cause of death	Duration
Respiratory Failure.	
Due to Prematurity	Life
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbit Jr. M. D.
Address Union Memorial Hosp. Date signed 6-24-42

VS 3

9199

93540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-16

F 93540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Aiken St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Aoken St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME NEAL JOHNSON

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-01-5709

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Susie Johnson
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 14, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	13	hr. min.

9. Birthplace Appomatax, Va. (Town, county, and state)
10. Usual Occupation Auto Painter
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Virginia

MOTHER
14. Maiden Name Mullen
15. Birthplace Virginia

16 (a) Informant Ernest Johnson
(b) Address 2525 Aiken St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Parkville, Md.

18 (a) Funeral director John Illuch
(b) Address 2006 Orleans St.

19 (a) JUN 29 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1942 19 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1938 to June 27 1942 and that I last saw him alive on June 27 1942.

Immediate cause of death: Carcinoma Prostate c Metastasis to Bladder — Duration 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Carcinoma Prostate

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas D Edwards
Address 2746 Alameda Date signed 6/29/42

VS 3

92541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 c

Registered No. F 93541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank A. McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-7722

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13-1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	10	17		

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Taxi Driver

11. Industry or business Diamond Cab.

FATHER
12. Name Peter McLaughlin
13. Birthplace Balto

MOTHER
14. Maiden Name Connie E Roony
15. Birthplace Balto. Md.

16 (a) Informant Leo. H. McLaughlin
(b) Address 1644 Ralworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUN 29 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942, at 10 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to Multiple fractures of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 26 1942 at 9 40 PM
(c) Where did injury occur? York Rd + Ellerslie Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Robert Lee Dutton M.D. Medical Examiner.
Date signed June 27 1942

93543
479923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

466 ✓ Registered No. E 93542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 E Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jos. Miller
3 (b) If veteran, name war NO
3 (c) Social Security Account No. 705-05-5541
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced DIVORCED
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 15, 1880
8. AGE: Years 62 Months 4 Days 14 If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Track Helper
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace ? ?
MOTHER 14. Maiden Name ? ?
15. Birthplace ? ?
16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore Md
18 (a) Funeral director William Cook Son
(b) Address 1217 E Fayette St
19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 12.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942, to June 29 1942, and that I last saw him alive on June 29 1942.

Immediate cause of death Carcinoma of stomach, sm. intestine & (primary site not determined) & metastases to liver, Due to lung, spleen, ? brain.

Duration ?

Other Conditions mild cardiac failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Gen'l carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac R Huntington Jr. M.D.
Address J. Hopkins Hosp Date signed 6-29-42

VS 3

F 93543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93543
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 8, Box 306, Margate
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE E. CHALKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice Kimbal
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) November 3, 1875

8. AGE: Years	Months	Days	If less than one day
66	7	25	hr. min.

9. Birthplace Vernon, Michigan (Town, county, and state)
10. Usual Occupation US INDUSTRIAL ALCOHOL UNIT
11. Industry or business

FATHER
12. Name Bart Chalker,
13. Birthplace Michigan

MOTHER
14. Maiden Name Ella Martin
15. Birthplace Ohio

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Binghamton, N. Y.

18 (a) Funeral director Williams & Son
(b) Address 1219 E. Fayette St

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1942, at 5:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28, 1942, to June 28, 1942, and that I last saw him alive on June 28, 1942.

Immediate cause of death	Duration
Multiple abscesses of the kidneys	2 wks.
Due to Diabetes mellitus	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. M. D.
Date signed 6/29/42

VS 2

93544

BALTIMORE CITY HEALTH DEPARTMENT 468 Registered No. E 93544

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution: St. Agnes'
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 6 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt Hope Retreat (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Meyers

3 (b) If veteran, name war W

3 (c) Social Security Account No. NIDE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1900

8. AGE: Years 42 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Patient - Mt Hope

11. Industry or business

FATHER 12. Name August

13. Birthplace Md

MOTHER 14. Maiden Name Catherine McCauley

15. Birthplace Md

16 (a) Informant St Agnes Hosp

(b) Address Wilkens & Caton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Baltimore, Md

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) JUN 29 1942 (Date received by Registrar) (b) Hunter F. Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1942, at 3'4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1942 to 6-28 1942 and that I last saw h alive on 6-28-1942.

Immediate cause of death Shock due to hemorrhage and anesthesia. — Duration

Due to carcinoma, head of pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/19/42 - 6/27/42

Major findings of operation: carcinoma head of pancreas, abd.

of autopsy: Common duct

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Conners M. D.

Address St. Agnes Hosp. Date signed 6/28/42

93545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1156 F 93545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Denver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 929 Denver St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Carr

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 218-14-9404

4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Fannie Carr
6 (c) If alive, give age 7 years
7. Birth date of deceased (mo., day, yr.): July 4, 1893
8. AGE: Years 48 | Months 11 | Days 22 | If less than one day: hr. min.
9. Birthplace: Baltimore Md. (town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: —

FATHER
12. Name: James Carr
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Liza Huston
15. Birthplace: Baltimore Md.

16 (a) Informant: Mattie Carter
(b) Address: 929 Denver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/42 (month) (day) (year)
(c) Cemetery or crematory: Batts National
Location: Balto Md

18 (a) Funeral director: Isaac L Brompton
(b) Address: 1010 Monroe over Hillsboro, Md.

19 (a) JUN 29 1942 (Date rec'd by registrar) (b) Huntington Hillsboro, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1942 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to June 26 1942 and that I last saw him alive on June 26 1942

Immediate cause of death: Septicaemia — Duration: 3 days
Due to: Follicular Tonsilitis + edema — 7 days
Due to: Of Larynx
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature John W. Gaines
Address 665 W. Barre Date signed 6/28/42

VS 2

93546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64a

F 93546 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harf
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 E. Ford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sidney H. Streett

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1883

8. AGE: Years	Months	Days	If less than one day
59	0	12	hr. min.

9. Birthplace Choate Hall Harford Co Md (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Laurence Streett
13. Birthplace Rockawalk

MOTHER
14. Maiden Name Nancy Hall
15. Birthplace Md

16 (a) Informant W. S. Pyle
(b) Address 421 E. Ford Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 42 (month) (day) (year)
(c) Cemetery or crematory Mt Watson Cemetery
Location Coalton Harford Co

18 (a) Funeral director Martin & Hunt
(b) Address Jarrettsville Md

19 JUN 30 1942 (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1942 to June 29 1942, and that I last saw him alive on June 29 1942.

Immediate cause of death	Duration
Coronary Thrombosis	½ hr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. I. Coffman M. D.
Address Md. General Hospital Date signed 6/29/42

VS 8

F 93547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No. 5586 A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 29 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Rose Leppard

(b) Address 1502 East Pratt Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bentley ave

19 (Filed) JUN 30 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21-1942, at 1:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple Incised Wounds — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-20-42 at 8 P M
(c) Where did injury occur? 1500 E. Pratt St. Lunch Room (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Sharp Instrument

23. Signature Howard J. Madden M.D. Medical Examiner

Date signed 6-22-42

F 93548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 F 93548 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlton St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 2101 Dunmit Av. Rog (If outside city or town limits, write RURAL and give town) Balto Md.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No) If yes, name country

3 (a) FULL NAME CARL BUCHNER (Birth # F 5 1680)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13-1942

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Buchner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Schaldach
15. Birthplace Baltimore

16 (a) Informant Henry Buchner
(b) Address 2101 Dunmit Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2- (month) (day) (year)
(c) Cemetery or crematory Lot H St Cemetery
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2018 Allen Ave

19 (a) JUN 30 1942 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 30. 1942, at 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6. 29 1942 to 6. 30 1942 and that I last saw h[illegible] alive on 6. 30. 1942.

Immediate cause of death
Diarrhea cause undetermined.
Due to
Due to
Other Conditions MARASMUS. DEHYDRATION
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 1 Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Smith M. D.
Address St Joseph Hosp Date signed 6/30/42

VS 2

418053

F 93549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93549

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 E Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Galler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-5006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER 12. Name David Galler

13. Birthplace Russia

MOTHER 14. Maiden Name Anna ?

15. Birthplace Russia

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Workmen Circle Cemetery

Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-1126 W North Ave

19 (a) JUN 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942, at 10:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942, to June 29 1942, and that I last saw him alive on June 29 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to Arteriosclerosis & Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Aeschlimann

Address Johns Hopkins Hosp. Date signed 6/29/42

VS 8

F 93550

F 93550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 N 33rd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N 33rd St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME James H Little

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian L Little

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 - 1879

8. AGE: Years 62 | Months 10 | Days 2 | If less than one day: hr. 16 min. 4

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Retired Brakeman

11. Industry or business Penna R.R.

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Nelson L Little
(b) Address 808 N 33 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 - 1942 (month) (day) (year)
(c) Cemetery or crematory Chestnut Ridge
Location Baltimore Co.

18 (a) Funeral director Frank H Seitz
(b) Address 814 N [illegible] Ave Williamsport, Md

19 (a) JUN 30 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942, at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1942 to June 28 1942 and that I last saw him alive on June 27 1942.

Immediate cause of death Uraemia - pleurisy
Hypertension
(Cardio-vascular disease)

Duration 3 yrs.

Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 814 W 36 St Date signed 6/30/42

VS 8

F 93551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 93551

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2245 W. Lexington ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2245 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Charles Langgood

3 (b) If veteran, name war ####

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Madge Z. Langgood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1894

8. AGE: Years 48 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Jeweler

11. Industry or business W

FATHER
12. Name John G. Langgood
13. Birthplace Germany

MOTHER
14. Maiden Name Margarete Worley
15. Birthplace Germany

15 (a) Informant Mrs. Madge Z. Langgood
(b) Address 2245 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Howard Co. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (Date received by Registrar) JUN 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratzer M.D. Medical Examiner.

Date signed June 29 1942

VS 4

F 93552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 2a F 93552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627. S. Conkling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH M. WEINBECK

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 216 09 6806

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA WEINBECK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 6 1888

8. AGE: Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation PAINTER
11. Industry or business

FATHER
12. Name GEORGE WEINBECK
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name CATHERINE KLINEFELTER
15. Birthplace BALTO. MD.

16 (a) Informant ANNA WEINBECK (WIFE)
(b) Address 627 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST. Huntington Williams, M.D.

19 (a) (Date received) JUN 30 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 42, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to June 27 1942 and that I last saw him alive on June 27 1942.

Immediate cause of death: Post Operative Shock — Duration

Due to: Intra-abdominal Hemorrhage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation June 25 1942

Major findings of operation: Bilateral Indirect Inguinal Hernioplasty

Findings of autopsy: Intra-Abdominal Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Engle M. D.
Address St. Joseph Hospital Date signed 6/27/42

VS 3

F 93553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 N. WASHINGTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 N. WASHINGTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. LENZ.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: DIVORCED

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) SEPT. 23 1888

8. AGE: Years 53 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name LUDWIG LENZ
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET SCHICK
15. Birthplace GERMANY

16 (a) Informant MARGARET LENZ (MOTHER)
(b) Address 224 N. WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 30 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH JUNE 29/42 19 , at 10/30

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942, to June 29 1942, and that I last saw deceased alive on June 29 1942.

Immediate cause of death — Duration
Acute Myocarditis — ?
Due to Coronary Thrombosis — 2 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dorsey M. D.
Address 253 E. Baltimore St. Date signed 6-30-42

VS 3

F 93554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Dorchester Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Dorchester Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH CALTON BIDDIX, SR.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annabelle R. Biddix

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 5/19/1882

8. AGE: Years: 60 | Months: 1 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Marion, N. C. (Town, county, and state)

10. Usual Occupation: Dentist

11. Industry or business: Employed by self

FATHER
12. Name: John William Biddix
13. Birthplace: Marion, N. C.

MOTHER
14. Maiden Name: Easter Finley
15. Birthplace: Marion, N. C.

16 (a) Informant: Mrs. Annabelle R. Biddix, wife
(b) Address: 3701 Dorchester Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem. Location: Pikesville, Md.

18 (a) Funeral director: Wm. J. Ticknor & Sons
(b) Address: North & Pa. Ave., Balto., Md.

19 (Date received by registrar) JUN 30 1942 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1942. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942, to June 28 1942, and that I last saw h im alive on June 28 1942.

Immediate cause of death	Duration
Cardio-renal-vascular Disease causing	
Due to Rt. cerebral Hemorrhage	6/25/42
Due to Terminal Bronchopneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. M. Wilson M. D.
Address 617 W. 40th St. Date signed 6/30/42

Huntington Williams, M.D.

F 93555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93555 Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1160 CARROLL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or Town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1160 CARROLL ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM MILLER HART.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-8212

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28-187

8. AGE:

Years	Months	Days	If less than one day
70	8	0	hr. min.

9. Birthplace Augusta Co. VA. (Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name JOBE HART.
13. Birthplace Augusta Co. VA.

MOTHER
14. Maiden Name LOUISA ANN EARHART.
15. Birthplace HAGERSTOWN MD

16 (a) Informant MISS MOLLIE HART.
(b) Address 1160 CARROLL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-1-42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 Frederick Ave

18 (a) Funeral director S. Howard Strong
(b) Address 3207 W. North Ave

19 (a) JUN 30 1942 Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1942 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1942 to 6/28 1942 and that I last saw him alive on 6/25 1942

Immediate cause of death: Pulmonary Embolism — Duration 1 da

Due to: Arteriosclerotic Cardiosis — 2 yrs.

Due to: Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: Med-thigh Amputation 2 weeks previous. Gangrene

Of autopsy: Left foot

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Joseph G. Lancaster M.D.

Address 6 E Washington St Hagerstown Md. 6/29/42

VS 8

F 93556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938 ✓ 793556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 55 S. Fulton av

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town 4 (If outside city or town limits, write RURAL and give town)

(d) Street No. 19 S. 55 S. Fulton av (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eva Bild

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race Wh.

6 (a) Single, married, widowed or divorced

6 (b) Name of husband or wife Martin Bild

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17th 1862

8. AGE: Years 80 | Months — | Days 13th | If less than one day ..... hr. — min.

9. Birthplace Hungarian (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name —

13. Birthplace —

MOTHER

14. Maiden Name Eva Frank

15. Birthplace Hungarian

16 (a) Informant Bertha Hubl

(b) Address 55 S. Fulton av

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 7 1st 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location L. L.

18 (a) Funeral director A. J. Jones

(b) Address 111 S. Gilmor st

19 (a) JUN 30 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to June 29 1942, and that I last saw h— alive on June 28 1942.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Myocarditis	
Due to Arteriosclerosis	
Other Conditions Senile Demention Cerebral Adenitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature James F. Kingsbury M.D.

Address 24 Medical Chi Date signed 6/29/42

VS 3

F 93557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adella Wilson.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No
4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Wilson
6 (c) If alive, [illegible] years
7. Birth date of deceased (mo., day, yr.): Dec 25, 1870
8. AGE: Years 71 | Months 6 | Days 7 | If less than one day: hr. min.
9. Birthplace: N. C. (Town, county, and state)
10. Usual Occupation: Domestic.
11. Industry or business: Housework.

FATHER
12. Name: Don't Know
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Don't Know
15. Birthplace: N. C.

16 (a) Informant: Clarence Conlaw
(b) Address: 804 W. Saratoga.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lion
Location:

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N. Schroeder St

19 (a) JUN 30 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26, 1942 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to June 26 1942 and that I last saw h[illegible] alive on 6/26/42

Immediate cause of death: Acute myocarditis
Due to Interstitial Nephritis and its Complications
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. T. Greene M.D.
Address: 522 N. Arlington Ave. 6/27/42

F 93558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1640

F 93558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1452 Stevenson ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1452 Stevenson ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Warnecker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9059

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife (Maiden) Sophie Hamacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Gardner

11. Industry or business City Park Board

FATHER
12. Name Geo Hamacker
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Geo. Hamacker
(b) Address 2012 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 - 42 (month) (day) (year)
(c) Cemetery or crematory Lehnerts
Location O Donnell St.

18 (a) Funeral director John F. Connelly
Eastern Ave. - Edgewood Rd.

JUN 30 1942
(Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 8 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation

Due to hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence June 27 1942 ? M
(c) Where did injury occur? 1452 Stevenson St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Hanging

23. Signature Robert B. Graham M.D. Medical Examiner.
Date signed June 27 1942

VS 6

F 93559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

946

F 93559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Dr. Alessi

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 Northern Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Northern Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Jr Rohr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Grace Evelyn Rohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1905

8. AGE: Years	Months	Days	If less than one day
36	9	28	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation Insurance Salesman
11. Industry or business

FATHER 12. Name O. Henry Rohr
13. Birthplace

MOTHER 14. Maiden Name Elizabeth
15. Birthplace

16 (a) Informant Grace Evelyn Rohr
(b) Address 2505 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Location

18 (a) Funeral director George J. Rucker
(b) Address 5309 Harford Road

19 JUN 30 1942 (Local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to June 28 1942, and that I last saw h[illegible] alive on June 28 1942.

Immediate cause of death	Duration
Coronary occlusion	1½ hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 6/30/42

VS 3

F 93560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5403 Elsrode Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5403 Elsrode Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Mullen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Grace M. Mullen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	14	hr. min.

9. Birthplace Pittsville, Pa. (Town, county, and state)
10. Usual Occupation Engine House Foreman
11. Industry or business

FATHER
12. Name John J. Mullen
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie Eliza Gaube
15. Birthplace Pa.

16 (a) Informant Grace M. Mullen
(b) Address 5403 Elsrode Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory East Harrisburg
Location Harrisburg, Pa.

18 (a) Funeral director Leonard J. Ruck
(b) Address Harrisburg, Pa.

19 (a) JUN 30 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 42 at 4 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1941 to June 28 1942 and that I last saw him alive on June 23 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 yr. June 28
Due to
Due to
Other Conditions Arteriosclerosis — several years.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B. Green M. D.
Address 3009 Evergreen Ave Baltimore Maryland Date signed 6/30/42

VS 3

93561 — 37734 — 37735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1948 — F 93561 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME SALLIE QUEEN SLITZER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	widowed

6 (b) Name of husband or wife John Slitzer
6 (c) If alive, give age - -years

7. Birth date of deceased (mo., day, yr.) Nov. 10. 1879

8. AGE: Years	Months	Days	If less than one day
62	7	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Joshua Thomas Roberts-deceased
13. Birthplace Wicomico County Md.

MOTHER
14. Maiden Name Mary Pauline Feller-deceased
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Charles H. Burns Jr.
(b) Address 637 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 1. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 JUN 30 1942 (Date) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 27. 1942 at 8.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1941 to June 27 1942 and that I last saw h[illegible] alive on June 27 1942

Immediate cause of death Carcinoma of uterus - cervix of [illegible] Duration 1 yr

Due to

Due to

Other Conditions Pyelo-nephritis, chronic [illegible] (Include pregnancy within 3 months of death)

Date of operation Sept 8, 1941

Major findings of operation: Carcinoma of body of the uterus.

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Slitzer M.D.
Address 2302 Edmondson Ave Date signed 6/29/42

VS 8

F 93562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 93562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 735 S. Ann Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Dombrowski

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 215-09-3903

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-92

8. AGE: Years 50 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Baltimore

MOTHER
14. Maiden Name Josephine Lentz
15. Birthplace Poland

16 (a) Informant Anna Byczynska
(b) Address 815 S. Montford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'donnell St. Ext.

18 (a) Funeral director W. L. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) Filed June 30 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942, at 10:27 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Autopsy or Inquiry) thereon and from the evidence obtained by said Investigation (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to: Myocardial disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally, M.D. per Medical Examiner. M.D.

Date signed 6-29-42

VS 6

F 93563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type or correct age is especially important. Physicians will please state the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 246 S. Collington Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 246 S. Collington Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK JEGIERSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) AUG. 26- 1866

8. AGE: Years 7 6 Months Days 0 2 If less than one day

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-42 19 42, at 10:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Autopsy or Inquiry) thereon and from the evidence obtained by said Investigation (Autopsy or Inquiry) and that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerotic cardio-renal disease — Duration

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

FATHER 12. Name John Jegierski
13. Birthplace Poland

MOTHER 14. Maiden Name Karmine -
15. Birthplace

16 (a) Informant Pauline Jegierski
(b) Address 246 S. Collington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Back Rd

18 (a) Funeral director William Fiallows 4
(b) Address 648 Eastern Ave

19 (a) JUN 30 1942 (b) Huntington Williams, M.D. Registrar

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed 6-29-42

VS 6

93564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 524 E. Lanvale Ave.
(d) Street No. 524 E. Lanvale Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine N. McROGHAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Crohan

6 (c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): Sept. 1, 1917

8. AGE: Years: 24 | Months: — | Days: — | If less than one day: — hr. — min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Leon Malazawski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Elizabeth Visniewski
15. Birthplace: Poland

16 (a) Informant: William Crohan
(b) Address: 524 E. Lanvale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-4-42 (Month) (Day) (Year)
(c) Cemetery or crematory: St. Stanislaus Cem
Location: Rundale Ave & Oldenwald

18 (a) Funeral director: Stephen J. Fullerton Inc
(b) Address: 1000 E. Kenwood Ave (b) Huntington Williams Md

JUN 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6 · 30 · 1942 at — A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6·16·1942 to 6·30 1942 and that I last saw h[illegible] alive on 6·30 1942

Immediate cause of death: Bilateral pneumonia — Duration: 14 Da.

Due to:

Due to:

Other Conditions: Phlebitis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William Crohan M. D.
Address: St Joseph Hosp Date signed: 6/30/42

Dr Penny

F 93565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Park Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME JOHANNA KLEIN

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband-wife: Morris Klein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1870

8. AGE: Years 71 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace Vienna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Solomon Weil,
13. Birthplace Vienna.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Vienna

16 (a) Informant Mr. Morris Klein,
(b) Address 2116 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Lowenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) JUN 30 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 29 - 1942, at 9.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from about - 1920, to June-29-1942, and that I last saw h-er alive on June-29-1942.

Immediate cause of death: Cerebral hemorrhage - 15 min. — Duration

Due to general arterio-sclerosis & hypertension

Due to Chronic-nephritis

Other Conditions Chronic-cholecystitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Seidel M. D.
Address 2404 Eutaw Pl. Date signed 6/29/42

VS 3

F 93566 T.P. 74917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. E 93566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please state the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Noose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, 29, 1863

If AGE: Years	Months	Days	If less than one day: hrs. / min.
78	10	1	

8. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Basin
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-30-42 (month) (day) (year)
(c) Cemetery or crematory Park Heights
Location Brandy Brunswick Md

18 (a) Funeral director C. H. Fuller & Bro
(b) Address Brunswick Md.

19 (a) JUN 31 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1942, at 1 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 6-30 1942, and that I last saw h[illegible] alive on 6-30 1942.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. R. Rathbun M.D.
Address Balto City Hosp Date signed 6-30-42

F 93567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 167

F 93567
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT REYNOLDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-25

8. AGE: Years 17 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name James Grass
13. Birthplace Md

MOTHER
14. Maiden Name Effie Reynolds
15. Birthplace Ga

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Md.
Location A. St. Co.

18 (a) Funeral director Chas. B. Alexander
(b) Address 927 N. Mount St

19 JUN 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Acute purulent meningitis, staphylococcic — Duration
Due to: Stab wound of back
Due to:
Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence June 27 1942 at a M
(c) Where did injury occur? Pending investigation (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Pending investigation

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 6-30-42 Robert H. Graham M.D.

VS 6

F 93568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93568 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1047 Greenmount Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1047 Greenmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Tierney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas Tierney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 79 Months: Days: If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Patrick Griffen

13. Birthplace: Ireland

MOTHER 14. Maiden Name: Bridget ?

15. Birthplace: Ireland

16 (a) Informant: Leo Tierney

(b) Address 1047 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)

(c) Cemetery or crematory: Cathedral

Location: Baltimore

18 (a) Funeral director: Rita Winfield

(b) Address 914 Greenmount Ave

19 (a) JUN 30 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to 6/29 1942, and that I last saw her alive on 6/28 1942.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to: Hypertensive cardio-vascular disease — Duration: since Jan 1942

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Anthony J. Thomas

Address 4600 York Rd Date signed 6/29/42 M. D.

VS 8

Dr Thomas 4602

Dr. Williams

F 93569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93569

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 McKewin Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C. Maher

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-05-0897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8 1874

8. AGE: Years 67 | Months 7 | Days 19 | If less than one day

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B & O R.R

FATHER
12. Name Edward Maher
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Bourke
15. Birthplace Ireland

16 (a) Informant Mrs. [illegible]
(b) Address 643 McKewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Govans

18 (a) Funeral director Lida Winfield
(b) Address 914 Greenmount Ave

19 (a) JUN 30 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27-1942 at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1941 to June 27 1942 and that I last saw her alive on 6-26-1942

Immediate cause of death: Arteriosclerotic cardiac renal failure — Duration

One

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Hyland M. D.
Address 7802 Harford Rd Date signed 6-29-42

F 93570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1248

F 93570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S. Chester Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME James A. Ostrowski - (Or) Stanislaw Ostrowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Maryanna Ostrowski
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Jan, 20th, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Ostrowski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes ?
15. Birthplace Poland

16 (a) Informant Maryanna Ostrowski (Wife)
(b) Address 112 S. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Rozary
Location Baltimore, Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann street

19 JUN 30 1942 (b) Hunting for Milwaukee, Wis

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1942. at 11:50 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 1, 1942 to June 29 1942 and that I last saw him alive on June 29 1942.

	Duration
Immediate cause of death Carcinoma of Liver	3 Mos
Due to Chr Myocarditis	3 Yrs
Due to Arterio Sclerosis	1939
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kearney M. D.
Address 801 N. Caroline St. Date signed 6/30/42

VS 3

93571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93571

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2508 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Hudson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SZYED-KOWSKA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Kopinski

13. Birthplace Poland

MOTHER 14. Maiden Name ? !

15. Birthplace

16 (a) Informant Dora Zielenski

(b) Address 2508 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore Md.

18 (a) Funeral director John F. Pugh

(b) Address 2829 Hudson St.

19 (a) JUN 30 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 42 at 7 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollaeger M.D. Medical Examiner.

Date signed 6-30-42

VS 6

F 93572 415875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B Registered No. F 93572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 1-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) X

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HARFORD Co
(c) City or town CARDIFF (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PATRICK BRODERICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife AGNES

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 2-5-66

8. AGE: Years 76 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace PA. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name MICHAEL BRODERICK
13. Birthplace PA

MOTHER
14. Maiden Name ROSE
15. Birthplace PA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1942 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

JUN 30 1942 (Date rec'd by registrar) (By) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 29 1942 at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 11 1942 to JUNE 29 1942, and that I last saw HIM alive on JUNE 29 1942.

	Duration
Immediate cause of death Uremia & metastasis	
Due to Ca of prostate w/ obstruction	
Due to	
Other Conditions Anemia & acidosis (Include pregnancy within 3 months of death)	
Date of operation 6/24/42	
Major findings of operations: none!	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S Nevius M.D.
Address Johns Hopkins Hosp. Date signed 6/30/42

VS 1

F 93573 418166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 93573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1158 Hull (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Sharlofsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-84

8. AGE: Years 57 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name [illegible] Krasitivich
13. Birthplace Russia

MOTHER
14. Maiden Name Barbara
15. Birthplace Russia

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Balto. Md.

18 (a) Funeral director Charles F. Dell
(b) Address 1501 E. Fort Ave

19 JUN 30 1942 (Date received by Registrar) (b) Huntington Woods (Signature of Registrar) Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942 at 1158 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942 to June 28 1942, and that I last saw h[illegible] alive on June 28 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to Hypertension and

Due to Arteriosclerosis, generalized.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce D. Kramer M. D.
Address Johns Hopkins Hosp. Date signed 6-29-42

VS 3

F 93574

BALTIMORE CITY HEALTH DEPARTMENT 30 2

CERTIFICATE OF DEATH

F 93574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Chippewa Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Mrs. Jesse M. Eaton) Elsie M. Eaton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mr. Jesse D. Eaton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1899

8. AGE: Years 42 Months 8 Days 15/14 If less than one day hr. min.

9. Birthplace Md. (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Allen Streeter

13. Birthplace Mississippi

MOTHER 14. Maiden Name Clarina Smallwood

15. Birthplace Md.

16 (a) Informant Jesse D. Eaton.

(b) Address 1319 Chippewa Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/42 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Ft. Marys

Location Hampden

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Eastern Ave

19 (a) JUL 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1942 at 2:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1942, to 6-24 19..., and that I last saw h~~e~~r alive on 6-29 1942.

Immediate cause of death: Heart failure — Duration: 4 yrs

Due to: Syphilis??

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dilatation of heart & aorta

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Leslie M. D.

Address Union Memorial Date signed 6-29

VS 3

93575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466 Registered No. F 93575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Elm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Elm Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Morris.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married.

6 (b) Name of husband or wife Wm. H. Morris
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	3	11	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wm. H. Morris.
(b) Address 3013 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Pleasant.
Location Carroll Co, Md

18 (a) Funeral director Thos. Donovan
(b) Address 3615-17 Chestnut Ave.

19 [illegible] Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1942, at 5 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/42 1942 to 6/27 1942 and that I last saw h[illegible] alive on 6/27 1942

Immediate cause of death
Carcinoma of Stomach
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Unknown

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. Donovan
Address 2423 St Paul St Date signed 6/29/42 M. D.

VS 8

93576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Sharp St (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) **FULL NAME** Bertha Aldridge (Birth F-31969)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1941

8. AGE: Years | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Dewar Aldridge
13. Birthplace Georgia

MOTHER
14. Maiden Name Addie Vann
15. Birthplace Georgia

16 (a) Informant Mrs Aldridge
(b) Address 1103 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co. Md

18 (a) Funeral director Isaiah W Brown
(b) Address 105 W Monument St

19 [illegible] JUL 1 1941 Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1942 to June 30 1942 and that I last saw deceased alive on June 30 1942

Immediate cause of death: Influenza Pneumonia — Duration: 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hosp Date signed 6/30/42

VS 8

F 93577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135

F 93577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto
(b) Street address 519 S Green St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Green St (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No) ✓
If yes, name country ✓

3 (a) FULL NAME Richard Young

3 (b) If veteran, name war: Nr
3 (c) Social Security Account No.: Nr

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elnora Young
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years 53 | Months — | Days — | If less than one day — hr. — min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Preacher
11. Industry or business

FATHER
12. Name Richard Young
13. Birthplace U. A. Co. Md

MOTHER
14. Maiden Name Lesie Smith
15. Birthplace Ky. A. Co. Md.

16 (a) Informant Elnora Young
(b) Address 519 Eden St

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 7 3 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto
18 (a) Funeral director Walter B. Young Sr
(b) Address 1316 W. Hamby St.
19 (a) JUL 1 - 1942 (Filed by registrar) (b) Huntington Williams Md. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 — 29 — 1942 at 10:30 P M
21. I certify that death occurred on the date above stated; that attended deceased from June 27 1942 to June 29 1942, and that I last saw him alive on June 29 1942.

Immediate cause of death: Tuberculosis (Acute) — Duration: 3 Months
Due to ✓
Due to ✓
Other Conditions ✓
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Capers M. D.
Address 1016 E. Sharp St. Date signed 6-30-42

93578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered 93578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Auchentorly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A. BRENNAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife James R Brennan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/63

8. AGE: Years	Months	Days	If less than one day
78	7	22	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs May Ott
(b) Address 2708 Auchentorly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 3 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore

18 (a) Funeral director Frank H Seitz
(b) Address 814 W Lexington St

19 (a) JUL 1 - 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942 at 8:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to Fracture of right femur	
Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 27, 1942 at M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury fell to floor from bed

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-30-42

VS 6

F 93579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2413 Montebello Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) about 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Montebello Ter (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME James W. T. Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race col. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/6/1902

8. AGE: Years 39 | Months 8 | Days 22 | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Sewell Wilson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lottie P. Harris
15. Birthplace ?

16 (a) Informant Maud H. Williams
(b) Address 2413 Montebello Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/1942 (month) (day) (year)
(c) Cemetery or crematory Lamb Cemetery
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1634 Druid Hill Ave

19 (a) JUL 1 - 19[redacted] (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to June 28 1942, and that I last saw [illegible] alive on 6/28 1942

Immediate cause of death: Cardio-renal vascular disease

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 1 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature C. N. Pitts M.D.
Address 1536 W. Lanvale St. Signed 6/30/42

VS 3

F 93580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 93580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hester Lance

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1900

8. AGE: Years 42 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Florence, S.C. (Town, county and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Henry Flowers
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lemma Pringell
15. Birthplace South Carolina

16 (a) Informant Viola Gibbons
(b) Address 505 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. W. Hayland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received) JUL 1 1942 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1942 to June 27 1942 and that I last saw him alive on 6/27 1942

Immediate cause of death Cancer of breast + liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 1941 at Hopkins

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ben Rhett M. D.
Address Date signed

VS 3

F 93581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 93581

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 19, 1886

8. AGE: Years: 56 | Months: 3 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Stafford County Va. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Sandie Gibson
13. Birthplace: Va.

MOTHER
14. Maiden Name: Julia ?
15. Birthplace: Va.

16 (a) Informant: Edith Jones
(b) Address: 1211 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 1, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cemetery
Location: A.A County Md

18 (a) Funeral director: Mrs R.J. Elliott & Dyer
(b) Address: 1124 N. Caroline St.

19 JUL 1 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1941, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1942 to 6/28 1942 and that I last saw h[illegible] alive on 6/27 1942

Immediate cause of death: Carcinoma Lung Metastasis — Duration: 5/15/42
Due to:
Due to: Carcinoma Breast Primary — 3 mos
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph Y. Young M.D.
Address 1429 E. [illegible] Date signed 6/29/42

F 93582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

F 93582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4306 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4306 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH P. BALD

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles W. Bald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 17, 1867

8. AGE: Years 74 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: George F. Prechtel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Schmidt
15. Birthplace: Germany

16 (a) Informant: Mr. Charles W. Bald
(b) Address: 4306 Garrison Blvd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Frederick Rd., Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: 1111 Mt. Royal Ave.

19 (a) JUL 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22/ 1942 to 6/30/ 1942, and that I last saw her alive on 6/30/ 1942.

Immediate cause of death: Coronary thrombosis — Duration: 2 days
Due to:
Due to:
Other Conditions: Hypertensive cardio vascular disease — 4 years
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 7/1/42

F 93583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 830

F 93583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Pinehurst Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Elizabeth Brady.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1871

8. AGE: Years 71 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Roche
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Knoon
15. Birthplace Md

16 (a) Informant Mr. James D. Brady
(b) Address 1624 Glen Ridge Rd. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cathedral
Location Edmondson Ave. Balto.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address 1400 Park Ave. Baltimore, Md.

19 (a) JUL 1 - 1942 (Date rec'd by registrar) (b) Huntington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 19 42 at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 19 42 to June 29 19 42 and that I last saw her alive on June 28 19 42.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to Hypertension	
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature William F. Peake M. D.
Address Woman's Hospital Date signed 6/29/42

VS 3

F 93584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 93584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3446 Dolfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3446 Dolfield Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Tumminello

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-1019

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20-1893

8. AGE: Years	Months	Days	If less than one day
48	11	10	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER
12. Name Carmelo Tumminello
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Portera
15. Birthplace Italy

16 (a) Informant Katie Tumminello
(b) Address 3446 Dolfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Joseph Farace Inc.
(b) Address 201 S Greenmount Ave

19 (a) Filed JUL 1 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to June 30 1942 and that I last saw h. alive on June 29 1942.

	Duration
Immediate cause of death: Coronary thrombosis	1 hour
Due to: Arteriosclerotic Cardio-Vascular disease	2 years
Due to:	
Other Conditions: Chronic Nephritis	2 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Tumminello M. D.
Address 3446 Dolfield Ave Date signed 7/1/42

VS 1

F 93585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2841 St. Paul St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2841 St. Paul St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME David E. Roberts

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/63

8. AGE: Years	Months	Days	If less than one day
79	2	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired librarian

11. Industry or business Dept. of fine arts

FATHER

12. Name Thomas Roberts

13. Birthplace South Wales

MOTHER

14. Maiden Name Elizabeth Griffith

15. Birthplace Wales

16 (a) Informant Margaret A. Roberts

(b) Address 2841 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemy.

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Home Inc.

(b) Address 1900 Eutaw Place

JUL 1 - 19[illegible] (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 15, 1942 to June 28 1942, and that I last saw him alive on June 28 1942

Immediate cause of death	Duration
Myocardial Infarction	Unknown
Due to Myocarditis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Thos. R. Goodwin M. D.

Address 2923 St. Paul St. Date signed

VS 8

F 93586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93586

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 618 Wicklow Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 618 Wicklow Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myrtle I. Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Thomas L. Griffin 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	27	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER 12. Name James A. Tucker

FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Amelia Born

MOTHER 15. Birthplace Pa.

16 (a) Informant Mrs. Amelia Tucker

(b) Address 618 Wicklow Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/ /42. (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director Harry H. Mitzke

(b) Address 1101 E. Monument Ave.

JUL 1 1942 Registrar Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26/42, 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942, to June 26 19 42 and that I last saw her alive on June 26 19 42

Immediate cause of death: Renal Cardiac Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martha Clay M. D.

Address 537 Wilson Blvd Date signed 6/29/42

F 93587

Dr Blum 1206 E Pratt St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121a

F 93587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1031 Valley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Valley St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary J. Mosfield

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Edward V
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept 4 1865

8. AGE: Years	Months	Days	If less than one day
76	9	25	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Marshall
13. Birthplace Balto Md

MOTHER
14. Maiden Name Louise (Unknown)
15. Birthplace Baltimore Md

16 (a) Informant Edmonds J. Mosfield
(b) Address 1031 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhelm & Jones
(b) Address 1217 E Fort Ave

19 (a) Date received (month) (day) (year) JUL 1 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 19 42 to 6/28 1942, and that I last saw her alive on 6/28 19 42.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Renal Disease — Duration: 2

Due to: — Duration: ?

Due to: — Duration:

Other Conditions: Chronic Nephritis. — Duration:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Pratt St Date signed 6/29/42

F 93588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered No. F 93588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2862 N Lonvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2862 N Lonvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Belle Burgess

3 (b) If veteran, name war — 3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht	Married

6 (b) Name of husband or wife Harry L Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1877

8. AGE: Years	Months	Days	If less than one day
65	7	21	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Butler
13. Birthplace Penna

MOTHER
14. Maiden Name Jennie Hanks
15. Birthplace Va

16 (a) Informant Harry L Burgess
(b) Address 2862 N Lonvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore Md

18 (a) Funeral director Hudson Col Co
(b) Address 1217 E Lanvale St

19 (a) JUL 1 1942 (Date rec'd) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 8:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to June 29 1942 and that I last saw h[illegible] alive on June 25 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	Unk
Due to	
Due to	3 Mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. L. Moon M. D.
Address 716 Cathedral St. Date signed 6-29-42

VS 3

F 93589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d

F 93589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Chestnut Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Chestnut Hill Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Gable

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 216-01-6887

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene Alta
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1873

8. AGE: Years 68 | Months 6 | Days 21 | If less than one day ##########

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Genl. Mdse.

FATHER
12. Name (Unknown)
13. Birthplace (Unknown)

MOTHER
14. Maiden Name (Unknown)
15. Birthplace (Unknown)

16 (a) Informant Mrs. Irene Gable (Wife)
(b) Address 614 Chestnut Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 JUL 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to June 29, 1942, and that I last saw h/M alive on June 29, 1942.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 10 mins.
Due to: Chronic Endocarditis & Myocarditis with Hypertension — 1 yr.?
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.
Address 3902 Greenmount Ave. Date signed June 29/42

F 93590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93590

117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Josephs Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Green and Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis M. Quinn

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 716-12-3757

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Quinn nee Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1881

8. AGE: Years 61 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Charles Co. Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business P.R.R.

FATHER
12. Name Patrick Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Sally Glover
15. Birthplace Ireland

16 (a) Informant Mrs Elizabeth Quinn
(b) Address 1129 Greenmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location 4200 Old Frederick Rd
18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Lanvale St.
JUL 1 - 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1942 to June 30 1942, and that I last saw him alive on June 30 1942.

Immediate cause of death Sepsis — Duration
Neurosis
Due to Diffuse Ulcerative Colitis — 9
Sepsis — cause
Due to undetermined.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St Josephs Hosp Date signed 6/30/42

VS 3

F 93591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(Outside city or town limits, write RURAL and give town)
(d) Street No. 2016 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Salvatore Salvatino

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-10-5089

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Concetta
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 25-1893

8. AGE: Years	Months	Days	If less than one day
49	—	5	hr. min.

9. Birthplace Palma (Palermo) Italy
(town, county, and state)
10. Usual Occupation Shoe maker
11. Industry or business

FATHER
12. Name Carlo Salvatino
13. Birthplace Palma (Palermo) Italy

MOTHER
14. Maiden Name Giuseppa Bellopasi
15. Birthplace Palermo Italy

16 (a) Informant Mrs. Concetta Salvatino
(b) Address 2016 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balto. Md.

18 (a) Funeral director Frank Dallas Hoen
(b) Address 52 N. Horley St.

19 (Date received) July 1 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942, to — 19—, and that I last saw h[illegible] alive on June 27 1942.

Immediate cause of death	Duration
Chronic Myocarditis	6 mo
Due to Arterio Sclerotic Heart Disease	6 mo
Due to	
Other Conditions Epilepsy Chronic	Syr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. J. Grimaldi M. D.
Address 244 S. Exeter St Date signed 6-30-42

F 93592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 a

F 93592

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 S. Furrow St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) Street ..... (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 S. Furrow St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If so, name country .....

3 (a) FULL NAME Margaret Shaw

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Alexandra

6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) 12/26/1878

8. AGE: Years 63. Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Abts
13. Birthplace Germany

MOTHER
14. Maiden Name E. Kinsmine
15. Birthplace Germany

16 (a) Informant Mrs. Mary DeBoy
(b) Address 425 S. Furrow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City

18 (a) Funeral director H. B. Shipley & Son
(b) Address 1300 Eutaw Place

19 Filed July 1 1942 (Date) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1942 at a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to June 28 1942 and that I last saw her alive on June 29 1942

Immediate cause of death Carcinoma of Oesophagus

Duration

Due to Carcinoma

Due to .....

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Norbert E. Mitchell M.D.
Address 2151 Wilkens Ave. Date signed 7/2/42

VS 3

Please write plainly, with undrading ink. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1246 Registered No. F 93593

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N Streeper
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Streeper (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Brown Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Byrne Downs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23 1897

8. AGE: Years	Months	Days	If less than one day
44	7	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James E. Brown
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ellen Calligan
15. Birthplace Ireland

16 (a) Informant Margaret Fields
(b) Address 102 N Streeper

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Frank V Pipitone
(b) Address 218 E Baltimore St

19 (a) [redacted] (b) Huntington Williams, M.D. Registrar
JUL 1 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to June 29 1942
and that I last saw her alive on 6-24 1942.

Immediate cause of death: Cirrhosis of liver — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N Eaton Ave Date signed 6-30

F 93594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 93594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CATON Ave & Wilkens Ave
(c) Hospital or institution:
ST. AGNES HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 WILKENS AVENUE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
MRS. MARIAN MORROW

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	M WIDOWED

6 (b) Name of husband or wife Robert J Morrow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1857

8. AGE: Years	Months	Days	If less than one day
85	3	15	hr. min.

9. Birthplace MD. Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business At Home

FATHER
12. Name EPHRIAM SIPES
13. Birthplace MD.

MOTHER
14. Maiden Name ELIZ. FRYFOGLE
15. Birthplace MD

16 (a) Informant Mrs Leelan A. Marrow
(b) Address 3616 Glen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director John J. Gontarz Sr.
(b) Address 901 Edgewood (succeeding for Williams, M.D.)

19 (a) Filed 1 — 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1942, at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1942, to 6/30 1942, and that I last saw her alive on 6/30 1942.

Immediate cause of death	Duration
Myocardial plasis	
Due to arteriosclerosis	
Due to	
Other Conditions Intracondylar fracture of right femur (Include pregnancy within 3 months of death)	

Date of operation 6/23/42
Major findings of operation: fracture right femur
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings 20/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6/20/42 at 11 30 A M
(c) Where did injury occur? Balto. (City or town) MD. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? WILKENS & PAYSON While at work? NO (Specify type of place) ST.
(e) Means of injury FELL WHILE CROSSING ST.

23. Signature James M. Cimaro M. D.
Address ST. Agnes' Hospital Date signed 6/30/42

VS 8

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95 b F 93595 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie Shaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Emanuel Shaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1903

8. AGE: Years	Months	Days	If less than one day
38	11	20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Horse work
11. Industry or business At Home

FATHER
12. Name Thomas Gaffney
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr Joseph P. Shaver
(b) Address 1833 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Conway & Son
(b) Address 601 Hollins St. Washington Williams

19 (a) Registered JUL 1 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29th 1942, to June 30th 1942, and that I last saw her alive on June 30th 1942.

Immediate cause of death	Duration
Pulmonary Edema	12 hours
Due to Congestive Heart Failure	About 1 year
Due to Rheumatic Heart Disease	Years (?)
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Same as Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuisting M.D.
Address Bon Secours Hosp. Date signed 6-30-42

No. 93596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 946F Reg. No. 93596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Driscoll

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1873

8. AGE: Years 68 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name John J. Driscoll
13. Birthplace South Carolina

MOTHER
14. Maiden Name Ellen Massey
15. Birthplace Richmond, Va.

16 (a) Informant Albert Driscoll
(b) Address 108 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Cooper & Son
(b) Address 901 Hollins St

19 (a) JUL 1 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 30 1942 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 - 1941 to June 30 1942 and that I last saw him alive on June 21 - 1942.

Immediate cause of death Angina Pectoris — Duration 15 days

Due to

Due to Cerebral Hemmorhage. — 7-1-1941

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Ruland, M.D.
Address 2532 Edmondson Ave Date signed 6-30-42 M. D.

VE 8

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 93597

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Carswell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Carswell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Rentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Adolph J. Rentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1860

8. AGE: Years	Months	Days	If less than one day
82	1	15	hrs. min.

9. Birthplace Wilmington Del.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Clarence Stoeckel
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Wilmington Del.

16 (a) Informant Mrs Edgar H. Miller
(b) Address 1415 Carswell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Fredrick A. Tyler
(b) Address 1200 W. Lombard St.

19 (a) JUL 1 - 1942 (Date received by registrar) (b) Huntington-Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1942 to June 29, 1942 and that I last saw h alive on 19

Immediate cause of death Heart Failure (Coronary Occlusion)
Due to Arteriosclerosis
Heart Disease
Due to
Other Conditions Hemiplegia, Right

Duration: 5 minutes years; 2-3 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar H. Miller
Address 216 W. 39th St. Date signed 6/29/42 M. D.

93598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93598

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 159 — Registered No. _____

CITY OF BALTIMORE: (No. Volunteers) of American Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Boy BOTSCH — If U. S. Veteran specify WAR

(a) Residence: No. 1959 N. Patterson Park Ave St., ___ Ward. (Birth F-52049)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1942

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Botsch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Jessie Waxter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jessie Botsch (Address) 1959 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] JUL 1 1942 19

19. UNDERTAKER Commissioner of Health (Address)

20. FILED JUL 1 1942 [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1942, to June 30, 1942

I last saw him alive on June 30, 1942 Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/29/42
Respiratory failure	6/29/42

Other contributory causes of importance:

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Kennard Yaffe M. D.

(Address) Volunteers Hospital

VS 8

9205

41984

F 93599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 93599

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 44 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Ivory

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-12-5867

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lula May Ivory

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-?-02

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Paint Maker

11. Industry or business

FATHER
12. Name Henry Ivory
13. Birthplace Florida

MOTHER
14. Maiden Name Martha ?
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 - 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A, a, Co, Md.

18 (a) Funeral director Robert E Wilkins
(b) Address 1545 N Gay St Baltimore, Md.

19 JUL 1 - 1942 (Date accepted by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942 to June 25 1942 and that I last saw h alive on June 25 1942

Immediate cause of death: Friedlander Bacillus Typed Pneumonia, Rt upper lobe — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp Date signed 6/25/42 M.D.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C F Reg. No. 93690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 E. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 E. University Parkway (If rural give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country

3 (a) FULL NAME NATHAN PUTNAM SPALDING

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Gladie Shelton S
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ---- 1909

8. AGE: Years 33 | Months 0 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Lebanon, Ky (Town, county and state)

10. Usual Occupation Life Insurance

11. Industry or business

FATHER
12. Name Leonard A. Spalding S
13. Birthplace Lebanon, Ky

MOTHER
14. Maiden Name Isabelle Putnam
15. Birthplace Canton, N. J.

16 (a) Informant L. A. Spalding, S
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (month) (day) (year)
(c) Cemetery or crematory St. Augustine
Location Lebanon, Kentucky

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JUL 1 - 1942 (b) Huntington Williams, M.D.
(c) Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____, 1918 to July 1 1942 and that I last saw him alive on 3 weeks ago.

Immediate cause of death: Organic Heart Disease — Duration 18 Years

Due to

Due to

Other Conditions Arteriosclerosis — Duration 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Peterson Jr.
Address 10 Whitfield Rd Date signed 7/1/42
Robert Lee Shelton M.D.

VS 3

Please print, with ONE ENTRY IN EACH SPACE. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93601 Registered No. 1310

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 832 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Albert Phoebus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Rosalie Miller Phoebus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1867

8. AGE: Years	Months	Days	If less than one day
74	8	29	hr. min.

9. Birthplace Montgomery Co. Md. (Town, county and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name Chas. E. Phoebus
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace "

16 (a) Informant Mrs. Rosalie Phoebus
(b) Address 832 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42. (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave.

JUL 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/42 19 42 at 6 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to June 30 1942, and that I last saw him alive on June 30 1942.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Chronic Parenchymatous nephritis	
Due to Arterio-Sclerosis	
Other Conditions Bronchial Asthma (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Francis M.D.
Address 1321 Arnold Date signed 7/1/42

F 93602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Fremont ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred (Albert) Means

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Will Means
13. Birthplace Md

MOTHER
14. Maiden Name Cora Brooks
15. Birthplace Md

16 (a) Informant Mrs. Pearl Smith
(b) Address 1416 W. Franklin

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolphus Halstead
(b) Address 948 Druid Hill Ave.

JUL 1 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1942 at 9 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Ruptured Heart, traumatic	
Due to	
Due to	
Other Conditions Ruptured liver, Fractured ribs multiple bruises. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-30-42 at 9 P. M
(c) Where did injury occur? Md. Blvd, Howard Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? ?
(e) Means of injury Run over by moving vehicle.

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 7-1-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 93603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 93603

REGISTRAR'S NO.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 316 N. Eden St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balti (If outside city or town limits, write RURAL and give town)

(d) Street No. 316 N. Eden st. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lara Jane Carmack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W.

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Taylorsville, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Md.

MOTHER

14. Maiden Name Elizabeth Wilson

15. Birthplace Md

16 (a) Informant Rose McFadden

(b) Address 400 N. Gilmore

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-2-42 (month) (day) (year)

(c) Cemetery or crematory Taylor Island

Location Maryland

18 (a) Funeral director Adolphus Hunters

(b) Address 918 Druid Hill ave.

19. (a) 7-1-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1942, at 5 02 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to June 30, 1942, and that I last saw h alive on June 30 1942.

Immediate cause of death Chronic Myocarditis — Duration 10 yrs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis H. Leake, M.D.

Address 1741 E. Eager St. Date signed 7/30/42

VS 3

F 93604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 F Registered No. F 93604

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 Hayward Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary A. Douglas

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife: Thomas A. Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1878

8. AGE: Years	Months	Days	If less than one day
64	3	25	hr. min.

9. Birthplace Northumberland Co Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Corby
13. Birthplace Va

MOTHER
14. Maiden Name Rose Didlake
15. Birthplace Va

16 (a) Informant Mary Pitt
(b) Address 4103 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Conroe
(b) Address 1217 E Fayette St

19 (c) JUL 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1942, to July 1 1942, and that I last saw him alive on July 1 1942

Immediate cause of death: Carcinoma of Liver — Duration: 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Feb 13, 1942
Major findings of operation: Carcinoma of liver
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed July 1, 42

VS 3

F 93605 MPR 74918 BALTIMORE CITY HEALTH DEPARTMENT F 93605

CERTIFICATE OF DEATH ✓ 97

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alberta Blair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1857

8. AGE: Years	Months	Days	If less than one day
84	6	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Frederick Gartrell
11. Industry or business Md.

FATHER
12. Name Mary Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name B. C. H. Records
15. Birthplace

16 (a) Informant Mrs Edna Carroll
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Gehr Jr
(b) Address 1217 E Fort Ave

19 (a) JUL 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1942, at 5-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 6-29 1942 and that I last saw h— alive on 6-29 1942

Immediate cause of death: Cerebral arteriosclerosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 6-29-42

AB-74997 F 93606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Earl Douty

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19-1888

8. AGE: Years 54 | Months 5 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state) Cook

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Douty
13. Birthplace Maryland

MOTHER
14. Maiden Name Estell Gaber
15. Birthplace Maryland

16 (a) Informant
(b) Address Baltimore City Hospitals Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory Formerly Bunyons Branch
Location Mt. Lucas Md.

18 (a) Funeral director Wm. H. Lee
(b) Address 1217 E. Fayette St

19 (a) JUL 2 - 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1942; at 11 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1942 to 6-29 1942 and that I last saw him alive on 6-29 1942.

Immediate cause of death Miliary tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pattison M. D.
Address Balto. City Hosp Date signed 7-1-42

VS 8

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 93607

Registered No.

The information with which this record is filled must be correct. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Beulah Cunningham

3 (b) If veteran, name war No

3 (c) Social Security Account No. 457-05-2727

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Joseph T Cunningham

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 16 - 1913

8. AGE: Years 28 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Oklahoma (Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business Restaurant

FATHER 12. Name Frank Nichols

13. Birthplace Missouri

MOTHER 14. Maiden Name Eliza Russell

15. Birthplace Missouri

16 (a) Informant Mrs Claude Long

(b) Address Lake Charles Louisiana

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/42 (month) (day) (year)

(c) Cemetery or crematory Nowata

Location Oklahoma

18 (a) Funeral director William Coors Inc

(b) Address 1217 E Pratt St.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUL 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/42 19..., at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29/42 19... to 7/1/42 19..., and that I last saw h alive on 7/1/42 19...

Immediate cause of death ..... Duration

Diabetic Coma

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature J. Edgar Thompson Jr.

Address Franklin 87 Date signed 7/1/42 (M. D.)

VS 2

F 93608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) About 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 W. 42nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY C. DOYLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Henry L. Doyle
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 68	---	---	---hr. --min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Patrick Kilroy
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Burk
15. Birthplace Ireland

16 (a) Informant Miss M. Catherine Doyle
(b) Address 1341 West 42d Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JUL 2 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 1st, 1942 at 4 P M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? ho (Specify type of place)
(e) Means of injury fell down cellar slip
23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed

V8 6

Please write clearly in ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Special attention to correct age is especially important.

F 93609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F Registered No. 93609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Madeira Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Madeira Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Elizabeth Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Horace Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~ 1876

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Gray

13. Birthplace Col Co Md

MOTHER 14. Maiden Name Maria Spriggs

15. Birthplace Md

16 (a) Informant Jennie Finnick

(b) Address 905 Madeira ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director James A Stamper

(b) Address 1427 W Pratt St

19 (a) JUL 2-1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1942, at 9 4. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 June 30 1942; and that I last saw h[illegible] alive on June 29 1942

Immediate cause of death

Chronic Brights Disease — Duration 1 yr.

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Stanford Kinsley

Address 450 W. Biddle St Date signed 7/1/42

VS 2

F 93610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 93610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 N. Dennison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N. Dennison St (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred E. Ashton

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
✓ –	No	Male	White	Widower

6 (b) Name of husband or wife Anne M. Mangold
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 10, 1872

8. AGE: Years	Months	Days	If less than one day
69	11	20	1 hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sign-painter

FATHER
12. Name John Ashton
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Susan Ashton
15. Birthplace England.

16 (a) Informant Catherine S. Ashton
(b) Address 716 N. Dennison St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 | 4 | 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director H. O. Wortham Son
(b) Address 2503 Edmondson Ave

19 JUL 2 – 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1942, at 8:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Spontaneous	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D. Medical Examiner.
Date signed 7-1-42

VS 6

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 93611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

Registered No. F 93611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Marshall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Gerhard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Dora J. Gerhardt (See Items)
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Dec 13, 1870
8. AGE: Years 71 | Months 6 | Days 20 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Don't Know
13. Birthplace:

MOTHER
14. Maiden Name: Don't Know
15. Birthplace:

16 (a) Informant: Mrs. Marie Rogers (Daughter)
(b) Address: 612 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 4 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: C. Rolland Evans
(b) Address: 1900 E. Baltimore St.

19 (Signature of local registrar) Huntington Williams, M.D. Registrar
JUL 2 - 1942

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1942 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Fractured left hip.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-26-42 at 1.30 P. M
(c) Where did injury occur? Marshall St. nr. Randall St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell from a park bench

23. Signature Howard J. Mealey M.D. Medical Examiner.
Date signed 7-1-42

To correct age in especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 93612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93612

Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Liverpool Falls Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Hattie Needle (HETTIE NEEDLE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Hyman A. Needle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/83

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Morris Davis
13. Birthplace Russia

MOTHER
14. Maiden Name Lena
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-42 (month) (day) (year)
(c) Cemetery or crematory Washington Rd.
Location Londontowne

18 (a) Funeral director Jos. Levy & Son
(b) Address 1439 E. Balto St.

19 (a) Filed JUL 2 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1942 to 7/2 1942, and that I last saw h[illegible] alive on 7/2 1942.

Immediate cause of death Cholemia

Due to Carcinoma of head of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 1941

Major findings of operation: Obstruction Common Bile duct

of autopsy: Carcinoma Head of pancreas

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. A. Russabert M. D.
Address Sinai Hosp Date signed 7/2/42

VS 3

Please write clearly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93613

F 93613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josiah Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	9	21		

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business

FATHER
12. Name William P. Wilson
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Priscilla Stanley
15. Birthplace Dorchester Co. Md.

16 (a) Informant Sarah Wilson
(b) Address 811 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Gabriel Mem. Pk. Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Eva M. Holland
(b) Address 1600 Druid Hill Ave.

19 (a) JUL 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942 at 1:37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to June 29 1942 and that I last saw him alive on June 27 1942

Immediate cause of death	Duration
Congestive Heart Failure	6 weeks
Due to Hypertension Cardiosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rechtin M.D.
Address Provident Hosp Date signed 6/30/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 93614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93614 Registered No. 46

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Holt

3 (b) If veteran, name war

3 (c) Social Security Account

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 19 42, at M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Lucy Holt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Westley Holt
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Stepney
15. Birthplace Md.

16 (a) Informant Lucy Holt
(b) Address 1220 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Wallace
(b) Address 1631 Pennsylvania Ave. Huntington Williams, M.D.

19 (a) (Date received by Registrar) JUL 2 1942 Registrar

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1942 to June 29 1942, and that I last saw h in alive on June 29 1942

Immediate cause of death Carcinoma of Liver — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Benn Adams, M.D.
Address 2074 Conlen Date signed 7/2/42

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. F 93615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 N. Ducker Ave.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Ducker Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Fredrick Baer, Jr. (Birth 52045)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1942

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John F. Baer

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Eva M. Brantigan

MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Father

(b) Address 11 N. Ducker ave - Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location O'Donnell Rd.

18 (a) Funeral director John E. McJoynson

(b) Address 3000 E. Baltimore St.

19 (a) JUL 2 — 1942 Registrar

Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1942 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1942 to July 1 1942 and that I last saw him alive on July 1 1942

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to: Pneumococcus

Due to:

Other Conditions: Diarrhea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Mary L. Hayback

Address Union Memorial Hosp. Date signed 7/2/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

F 93616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Hollins Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James T. Stearns

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-01-1499

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie M. Stearns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1886

8. AGE: Years	Months	Days	If less than one day
55	9	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business B. & O. R.R.

FATHER
12. Name Warren E. Stearns
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amanda J. Hubbard
15. Birthplace Balto. Md.

16 (a) Informant Mabel Cope
(b) Address 1618 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 (month) (day) 1942 (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director Cumbowes, Inc.
(b) Address 414 N. Franklintown Rd.

19 JUL 2 1942 (Date received by Registrar) (Signature of Registrar) Huntington Williams M.D. Registrar

V.S. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1942, at 1:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage of Brain — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 6-30-42 at P M
(c) Where did injury occur? B&O R.R. Yards - Russell St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Jumped in front of Engine.

23. Signature Thomas J. Kinsella Medical Examiner. M.D.

Date signed 7-1-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

956 Registered 93617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) ~~1923~~ 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1880

8. AGE: Years	Months	Days	If less than one day
61	6	19	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John R. Simmons
13. Birthplace Virginia

MOTHER
14. Maiden Name Betty Curtain
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 2 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1942, at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1942, to 6-22 1942, and that I last saw h-- alive on 6-22 1942.

	Duration
Immediate cause of death ?Pulmonary embolism	12 hrs.
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun
Address Balto. City Hosp Date signed 6-30-42

VS 3

9207

F 93618

JL -II509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836 Registered No. F 93618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Aug 15, 1928 / 42
(e) Length of stay in Baltimore (yrs., mos., or days) 34 / Since 1908

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No address (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9 1864

8. AGE: Years	Months	Days	If less than one day
78	4	17 18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Allen ?
13. Birthplace Md.

MOTHER
14. Maiden Name Florenca ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Av., Balto., Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1942, at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1941, to 5-27 1942 and that I last saw him alive on 5-27 1942.

Immediate cause of death	Duration
Acute Thrombosis	2 days
Due to Chronic arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Rathbun M. D.
Address Balto. City Hosp Date signed 6-30-42

VS 8

9208

Please write the information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93619 MR 73262

BALTIMORE CITY HEALTH DEPARTMENT 131a

CERTIFICATE OF DEATH

Registered No. F 93619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Bryant Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~Married, Widowed, Divorced~~
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1871

8. AGE: Years	Months	Days	If less than one day
70	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Wm. Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia West
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 2 - 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~6-5~~ 6-5 1942, at ~~P.M.~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1942 to 6-5 1942 and that I last saw h~~im~~ alive on 6-5 1942.

Immediate cause of death Uremia — Duration 4 days

Due to Interstitial nephritis — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Bath. City Hosp Date signed 6-30-42

9209

Please write plainly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93620 42359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 B

Registered No. E 93620

The following WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 3 26
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) [illegible] widowed, [illegible]
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Tom Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Irene ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 2 - 1942 (b) [illegible] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942, at 5 43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1942 to 6-21 1942 and that I last saw [illegible] alive on 6-21 1942

Immediate cause of death [illegible] — Duration 2 days

Due to

Due to over

Other Conditions Pneum

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-30-42

VS 3

9210

F 93621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39C

F 93621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital g' 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Harford
(c) City or town Pylesville — (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mr. Edmund J. Watkins

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Clotilda A. Bush

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 29-1879

8. AGE: Years	Months	Days	If less than one day
63	—	10	hr. min.

9. Birthplace Rocks Harford Co Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Section Hand W&P RR

FATHER
12. Name Wm Watkins
13. Birthplace Md

MOTHER
14. Maiden Name — Stokes
15. Birthplace Md

16 (a) Informant Mrs Watkins
(b) Address Pylesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-42 (month) (day) (year)
(c) Cemetery or crematory North Bend
Location Rocks

18 (a) Funeral director Martin Schultz
(b) Address Pylesville Md

19 (a) JUL 2-1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1942 19 42, at 9 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942, to July 1st 1942, and that I last saw him alive on July 1st 1942.

Immediate cause of death	Duration
Rocky Mountain Spotted Fever	2 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hospital Date signed 7-1-42

VS 3

F 93622 — BALTIMORE CITY HEALTH DEPARTMENT — F 93622 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 Doris Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jackimowicz (JACHIMOWICZ)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Gregory
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1880

8. AGE: Years	Months	Days	If less than one day
61	7	-	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name George Zoykowski
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Maniewska
15. Birthplace Poland

16 (a) Informant Walter Bowers
(b) Address 312 Doris Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director W. J. Sadowski & Sons
(b) Address 1828 Fleet Street

19 (a) JUL 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942, to June 29 1942, and that I last saw h alive on June 29 1942

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Marquardt M. D.
Address 1213 Light Street Date signed 6-29-42

VS 3

Please write plainly with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave.
(c) Hospital or institution:
EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4/30/42 TO 7/2/42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson RFD #6
(If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd. & Audrey Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Norton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Priscilla Norton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 - 1877

8. AGE: Years	Months	Days	If less than one day
64	9	19	hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Chas Price
(b) Address Joppa Rd Box 307 M
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location
18 (a) Funeral director Leonard Rack
(b) Address 6301 Harford Rd
19 (a) Date rec'd by reg. JUL 9 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1942, to July 2 1942, and that I last saw him alive on July 1 1942.

Immediate cause of death: Cardio Vascular Disease — Duration: 15 yrs
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. W. Wheaton M. D.
Address 4309 York Rd Date signed 7/2/42

VS 1

The information requested on this certificate is necessary for the registration of the death and the issuance of a burial permit. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 93624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary B. Heide.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife John Heide
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12-1866

8. AGE: Years	Months	Days	If less than one day
75	7	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Adam Goebner
13. Birthplace Not Known

MOTHER
14. Maiden Name Margaret Dolan
15. Birthplace Germany

16 (a) Informant August Heide
(b) Address 2437 Monument St.

17 (a) Burial, cremation, or removal (b) Date thereof July 4/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Chas. L. Miller
(b) Address 2334 Jefferson St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 42 at 7 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 19 42 to July 2 1942, and that I last saw h.... alive on July 2 1942

Immediate cause of death: Carcinoma of Generalized Carcinomatosis — Duration

Due to Carcinoma pregnancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb. 2, 1942

Major findings of operation: Carcinoma Pregnancy.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Guillain Johnpoll M. D.
Address 20 Jungles Hosp. Date signed 7/2/42

416262

F 93625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9/a F ~~93625~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Pearson P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1933

8. AGE: Years	Months	Days	If less than one day
9			hr. min.

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dan Mills
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Madeline ?
15. Birthplace St. Mary's Co. Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Our Lady's Chapel
Location Medley's Neck, St. Mary's Co. Md.

18 (a) Funeral director H. C. Mattingly Sons
(b) Address Leonardtown Md.

19 July 2-1942 (Date rec'd by registrar) Huntington Station, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1942 at 5 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to July 1st 1942 and that I last saw her alive on July 1st 1942

Immediate cause of death Heart Failure

Due to Sub-acute Bact. Endocarditis

Due to

Other Conditions (Strep. Viridans)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Hosp. Date signed 6/2/42

VS 3

Use typewriter, with carbon ribbon. Every item of information should be carefully answered. Do not abbreviate. Write out full name and address of informant. Do not use ditto marks. Be sure that the entry for age is correct. Do not leave any blanks; if the answer is none, or not known, or not applicable, so state. Physicians: please write the causes of death clearly and legibly.

F 93626 37704 BALTIMORE CITY HEALTH DEPARTMENT F 93626

CERTIFICATE OF DEATH

Registered No. 931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma E. Ackerman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife "
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/11/1874

8. AGE: Years	Months	Days	If less than one day
68	4	19	____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business —

FATHER
12. Name Edward F. Ackerman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rice
15. Birthplace Baltimore Maryland

16 (a) Informant John J. Ackerman
(b) Address 1700 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1200 Eutaw Place

19 (a) JUL 2 — 1942 (Death recorded by registrar) (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1942 to June 30 1942 and that I last saw her alive on June 29 1942

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
Was autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagroth
Address 029 W. Lombard St Signed 7/1/42

VS 3

Please write in ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

Registered No. F 93627

93627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Otterbien Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Otterbien
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Bowler Bosier

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1875

8. AGE: Years: 67 | Months | Days | If less than one day: hr. min.

9. Birthplace: Kanasa City Mo.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: unknown

16 (a) Informant: Emma Bowler Bosier
(b) Address: 309 Otterbien Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/3/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: A, A. Co., Md

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 105 W Monument St

19 JUL 3 - 1942 (Date rec'd by registrar) (b) Huntington Wallace, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 1-30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1941 to June 30 1942, and that I last saw him alive on July 1 1942

Immediate cause of death: Myocarditis
Mitral Stenosis — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Morley Hoag, M. D.

Address: 72 Wash. Blvd. Date signed July 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93628 HEALTH DEPARTMENT—CITY OF BALTIMORE F 93628

CERTIFICATE OF DEATH 16

PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirman Hosp St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2-yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Warren Evans

If U. S. Veteran specify WAR

(a) Residence: No. 916 Bennett Pl. St., 18 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 23 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)

FATHER

13. NAME Percy Evans

14. BIRTHPLACE (city or town) Balto (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Bumbo

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Percy Evans
(Address) 2408 Francis St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 4 1942

19. UNDERTAKER James A Garner
(Address) 1422 Westfield Ave

20. FILED JUL 3 1942 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30, 1942

22. I HEREBY CERTIFY, That I attended deceased from 3-9-42, 19, to 6-30-42, 19

I last saw him alive on 6-30-42, 19 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory paralysis -	
Tuberculous meningitis	5-1-42
Other contributory causes of importance:	
Tuberculosis of spine	1941

Was an operation performed? yes Date of 4-10-42

For what disease or injury? The Potts Disease

Name of operation Spinal fusion

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A F Voshell - M. D.

(Address) Kirman Hosp

per C Sherman, M.D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact spelling of OCCUPATION is very important. See instructions on back of certificate.

F 93629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 170C

F 93629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Arnold Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Floyd Willey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-7662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida R.

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) April 1, 1889

8. AGE: Years	Months	Days	If less than one day
53	3		hr. min.

9. Birthplace Middletown, Va (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business Davidson Chemical Co

FATHER
12. Name Charles W. Willey
13. Birthplace Va.

MOTHER
14. Maiden Name Luella Willey
15. Birthplace Va.

16 (a) Informant Edgar O Willey
(b) Address Charleston & Clement Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)
(c) Cemetery or crematory M + O Levert
Location Frederick Avenue

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 JUL 3 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1942 at 5.55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions Fractured ribs Bruised brain (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-28-42 at 9.05 P.M
(c) Where did injury occur? Fort Smallwood Rd A.A. Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Collision 2 automobiles

23. Signature Howard J. Reinecke M.D. Medical Examiner.
Date signed 7-1-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 93630 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Glengyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Glengyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Fisher

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William F. Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1861

8. AGE: Years 81 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Christopher Betz
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs. Louise I. Mitchell
(b) Address 3604 Glengyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave., Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Hosmer & Pa. Aves., Baltimore Md

19 (a) JUL 3-1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942 at 10:0 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to July 1 1942, and that I last saw her alive on June 30 1942.

	Duration
Immediate cause of death: Chronic Myocarditis with Insufficiency -	1½ yrs
Due to: Arterial Hypertension	10 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James L. Ashelmont M.D.
Address 40 Dr Penn Hyg Station Md Signed 7-1-42

VS 3

F 93631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Sharon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Sharon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH FRANCES HELFREICH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Louis R. Helfreich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1861

8. AGE: Years	Months	Days	If less than one day
81	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John S. Schweitzer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margareta Elliott
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna Maure
(b) Address 1535 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North Ave. & Pa. Aves., Balto., Md.

19 (a) JUL 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1942, at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to July 2 1942 and that I last saw her alive on July 2 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 wks
Due to: Cerebral Arteriosclerosis	4 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin, M.D.
Address 4818 Reisterstown Rd. Date signed July 3/42 M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 93632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Union Memorial Hospital 1607
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Amalia M. Aubel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Frederick Aubel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1857

8. AGE: Years	Months	Days	If less than one day
84	6	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Godfrey Schiele
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Flinchbach
15. Birthplace Germany

16 (a) Informant Miss Anna V. Aubel
(b) Address 1105 N. Longwood - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Eutaw & Pa. Aves., Balto., Md.

19 (a) JUL 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1 1942 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1942 to 7-1 1942 and that I last saw h[illegible] alive on 7-1 1942

Immediate cause of death Cerebral Vascular Accident — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene J. Mortimer
Address Union Memorial Hosp. Date signed 7/2/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93633 | BALTIMORE CITY HEALTH DEPARTMENT | F 93633

CERTIFICATE OF DEATH 45F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES LAURENCE SCHREINER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Internal Revenue Dept.
11. Industry or business U. S. Govt-retired Storekeeper

FATHER
12. Name Charles A. Schreiner
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Baltzell
15. Birthplace Thurmont, Md.

16 (a) Informant Miss Phoebe Schreiner
(b) Address 930 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory Thurmont U. B.
Location Thurmont, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date rec'd by registrar) JUL 3 - 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1942, at 12:00M noon

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to July 2 1942 and that I last saw h alive on July 1 1942 at 8 P.M.

Immediate cause of death Carcinoma of stomach. — Duration 6 mos

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Dietsch M. D.
Address 12 E. Eager St. Date signed July 3/42

Huntington Williams MD

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93634 ✓ F 93634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Carlisle St.
(c) Hospital or institution: St Joseph's Hospital 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town 704 S. Eaton St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY D. LEWIS.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	216-05-2490	male	white	married

6 (b) Name of husband or wife Helen Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16, 1898

8. AGE: Years	Months	Days	If less than one day
43	7	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Oil Compounder
11. Industry or business Sherwood Bros.,

FATHER
12. Name Harry W. Lewis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Allen
15. Birthplace Baltimore, Md.

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory Medowridge
Location Washington Blvd.,
18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street
19 (a) JUL 3 - 1942 (Date filed by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 30. 1942, at 6 29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6. 23. 1942, to 6. 30. 1942 and that I last saw him alive on 6. 30. 1942.

Immediate cause of death BRONCHOPNEUMONIA. — Duration 7 days
Due to
Due to
Other Conditions BRONCHIECTASIS
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Smith M.D.
Address 1 E. Eagle Hill Date signed 6/30/42

VS 3

Mr Remy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Howard.
(c) City or town Jessups, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Guilford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ly Dasher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Amanda Dasher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1882

8. AGE: Years 60 Months 2 Days 28 If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Geo W Dasher
13. Birthplace W Va.

MOTHER
14. Maiden Name Sarah V Dasher
15. Birthplace W Va

16 (a) Informant Morris Dasher
(b) Address Jessups Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Pfeiffers Corner

18 (a) Funeral director H. H. Higinbothams
(b) Address Ellicott City Md.

19 (a) (Date received by registrar) JUL 3 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1942 to July 2 1942 and that I last saw h[illegible] alive on July 2 1942.

Immediate cause of death ? Coronary Occlusion — Duration 24 hrs

Due to Coronary Sclerosis

Due to

Other Conditions Diabetes Mellitus Long standing Arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of [illegible] coronary sclerosis
Of autopsy Pulmonary Oedema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Goodman Jr. M.D.
Address Brooklandville Md. Date signed 7/3/42

VS 3

93636 Hewett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 93636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Delores Hewett "Hewett" (Birth F 7836)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-41

8. AGE: Years	Months	Days	If less than one day
	13	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER 12. Name William Hewett
13. Birthplace Virginia

MOTHER 14. Maiden Name Celia Martin
15. Birthplace Virginia

16 (a) Informant Ella Hewett
(b) Address 615 Madeira St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Farmington Virginia

18 (a) Funeral director Mrs R A Elliott & Sons
(b) Address 1129 N. Caroline St.

19 JUL 3 1942 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 2 1942, and that I last saw H.H. alive on July 1 1942

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions Marasmus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rechtin M. D.
Address President Hosp. Date signed 7/2/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93637
E.S. (75057)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 93637
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora Watkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Will
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1882

8. AGE: Years	Months	Days	If less than one day
59	10	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Bush
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md

18 (a) Funeral director Mrs R. A. Elliott Dept.
(b) Address 1129 N. Carey St.

19 (a) JUL 2-1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1942 at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 7-2 1942 and that I last saw h[illegible] alive on 7-2 1942

Immediate cause of death Central Salmonellosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: a. abm

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Rabbeson
Address Balto. City Hosp. Date signed 7-2-42 M. D.

93638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93638 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4113 Glenarm Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 Glenarm Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMELIA MARSCH INSLEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: Frederick Gillis Insley
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Mar. 4. 1876

8. AGE: Years	Months	Days	If less than one day
66	3	26	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name: George Marsch-deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Amelia Rose - deceased
15. Birthplace: Germany

16 (a) Informant: Mr. Fred. G. Insley (Husband)
(b) Address: 4113 Glenarm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July. 3. 1942 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park Cem.
Location: Baltimore Co. Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 July 3 - 1942 Filed by [illegible] Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 1. 1942 at 7 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 42 to July 1 19 42
and that I last saw her alive on July 1 19 42

Immediate cause of death: Coronary Thrombosis — Duration: about
Due to: Coronary Arterio-sclerosis — 5 yrs.
Due to: Chr. Hypertension
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Earl J. Finnigan M. D.
Address: 1007 E. Baltimore Date signed: 7-1-42

VS 3 4

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

F 93639
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital 2701
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 Parkside Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES ELMER DIETZ

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	male	white	widowed

6 (b) Name of husband or wife Caroline Wilhelmina Dietz
6 (c) If alive, give age = years

7. Birth date of deceased (mo., day, yr.) Mar. 25. 1864

8. AGE: Years	Months	Days	If less than one day
78	3	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Private Secretary
11. Industry or business Retired 1932

FATHER
12. Name Henry Dietz- deceased
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Miller - deceased
15. Birthplace Baltimore

16 (a) Informant Mrs. Leonard Perkins (Daughter)
(b) Address 3705 Parkside Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 3. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (b) Filed by registrar Washington Williams Registrar
JUL 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 1 1942 and that I last saw h. alive on July 1 1942

Immediate cause of death Adhesions and pneumonia

Due to Carcinoma of lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: On chart

Duration
Antecedent?
Approx. ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. K. Palmer M. D.
Address University Hospital Date signed July 1 1942

F 93640

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 77D

F 93640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3 Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BRONISLAW SWIATKOWSKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Estel Swiatkowski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Loaner

11. Industry or business

FATHER 12. Name Henry Swiatkowski

13. Birthplace Poland

MOTHER 14. Maiden Name Mary Petro

15. Birthplace Poland

16 (a) Informant Mary Swiatkowski

(b) Address 320 S Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Baltimore

18 (a) Funeral director Fred W Ozarowski

(b) Address 1930 Eastern Ave.

JUL 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 12 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)

Date signed 7-2-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

F 93641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4012 Springdale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 & 10
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Springdale Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany.

3 (a) FULL NAME ADELE SILBERBERG.

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Silberberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1875

8. AGE: Years 67 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Frankford, Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ludwig Sternberg.
13. Birthplace Germany.

MOTHER
14. Maiden Name Eugenie St.Goar,
15. Birthplace Germany.

16 (a) Informant Mr. Walter Silberberg.
(b) Address 4012 Springdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/42. (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Casper Sonneborn & Son
(b) JUL 3 1942 Eutaw Place.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd, 1942, at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to July 2 1942; and that I last saw h[illegible] alive on July 2 1942.

Immediate cause of death: Complete obstruction of the Pylorus & head of pancreas

Duration:

Due to Carcinoma of the Common duct & metastasis to liver & gall bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 29 1942

Major findings of operation: Extensive growth that obstructed common duct

of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Kurt Levy M. D.
Address 2301 Eutaw Place. Date signed 7/3/42.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 93642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52R

Registered No. F 93642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Place & Wilson St. Marlborough Apts.
(c) Hospital or institution:
14-T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HENRY L. HAMBURGER.

3 (b) If veteran, name war ---------
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Melia L. Hamburger.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1871.

8. AGE: Years	Months	Days	If less than one day
70	9	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Salesman.
11. Industry or business ?

FATHER
12. Name Lewis Hamburger.
13. Birthplace Germany.

MOTHER
14. Maiden Name Rosa Hamburger.
15. Birthplace Germany.

16 (a) Informant Mrs. Melia L. Hamburger.
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address July 3 1942 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 3 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to July 3 1942, and that I last saw h ~~saw~~ alive on July 2 1942.

Immediate cause of death Carcinoma of bladder — Duration 10 mos
Due to — Duration
Due to — Duration
Other Conditions Uremia — Duration post 4 days
(Include pregnancy within 3 months of death)
Date of operation May 1942
Major findings of operations: Carcinoma of bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis L Hamburger
Address 1207 Eutaw Place Date signed July 3 1942 M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 93643
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 N. Carey Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 N. Carey Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clorice Sample Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A. A.	Married

6 (b) Name of husband or wife Rogers Stewart
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 9/2/16

8. AGE: Years	Months	Days	If less than one day
25	10	28	hr. min.

9. Birthplace 1132 N. Carey St Baltimore, Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Jessie Sample
13. Birthplace Accomac Co, Virginia

MOTHER
14. Maiden Name Viola Mallen
15. Birthplace Balto, Md

16 (a) Informant Mrs. Viola Sample (Mother)
(b) Address 1132 N. Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. E. Kelso
(b) Address 1302 Pressman St

19 (a) Filed JUL 3 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1942 to 6/30 1942, and that I last saw h[illegible] alive on 6/30 1942

Immediate cause of death

Lobar Pneumonia — Duration 8 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Carson C. Johnson
Address 1802 Penna Ave Date signed 7/1/42

F 93644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164C

F 93644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Manchester Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Manchester Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY H KELLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1869

8. AGE: Years 72 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Keller

13. Birthplace Germany

MOTHER 14. Maiden Name Martha Sanbary

15. Birthplace Baltimore

16 (a) Informant Mrs Jas A Parr

(b) Address 3502 Dorchester Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1942 (month) (day) (year)

(c) Cemetery or crematory Baby Lepant Cem

Location

18 (a) Funeral director Rita Wiedefeld

(b) Address 917 Greenmount Ave

19 (d) JUL 3 - 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1942 at 5 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to Suicide

Due to Mental despondency

Other Conditions Cerebral hemorrhage (Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence July 1st, 1942 4 P.M.
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Revolver

23. Signature H. L. Wollamweber M.D. Medical Examiner.
Date signed 7-1-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 93645 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Charles

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-7960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married.

6 (b) Name of husband or wife Bernice Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1905

8. AGE: Years	Months	Days	If less than one day
36 38	8	20	hr. min.

9. Birthplace Darlington S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew Charles
13. Birthplace Darlington S. C.

MOTHER
14. Maiden Name Bittie Harris
15. Birthplace Darlington S. C.

16 (a) Informant Mrs Bernice Charles
(b) Address 513 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)
(c) Cemetery or crematory
Location Florence S. C.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUL 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 2 1942, and that I last saw h. alive on July 1 1942.

Immediate cause of death Spontaneous intracerebral hemorrhage

Due to Malignant hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: intracerebral hemorrhage

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 11 W. Lafayette Ave Date signed 7/3/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

Registered No. E 93646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp. Int
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Diane Edwards. (Birth 45253)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/42

8. AGE: Years — | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Moses J. Edwards
13. Birthplace Md.

MOTHER 14. Maiden Name Louise Madden
15. Birthplace Md.

16 (a) Informant Mary Edwards
(b) Address 536 Baker st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

Date rec'd 7-3-1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942 to July 1 1942, and that I last saw her alive on July 1 1942.

Immediate cause of death: Tuberculosis Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Lowenstein M.D.
Address University Hosp. Date signed 7/2/42

93647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

F 93647 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution:
Sini
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-1043

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma W. Scott,
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 13. 1874

8. AGE: Years	Months	Days	If less than one day
68	1	20	..... hr. ..... min.

9. Birthplace Dames Quarter Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Grocery

FATHER
12. Name George W. L. Scott,
13. Birthplace Md.

MOTHER
14. Maiden Name Annie McDorman,
15. Birthplace Md.

16 (a) Informant Guy L. Scott,
(b) Address Lutherville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6. 1942 (month) (day) (year)
(c) Cemetery or crematory Olive Branch
Location Portsmouth Va.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) Date rec'd by Reg. JUL 9 1942 (b) Huntington Williams, M.D. Registrar

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2/42 19 , at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1942 to 7/2/1942 and that I last saw him alive on 7/2 19 42

Immediate cause of death Ren. failure and Carcinoma — Duration

Due to Jaundice due to metastases to liver

Due to Primary Ca of stomach

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations No

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. H. Rynaber Jr.

Address Lutherville Md. Date signed 7/3/42

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 93648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3603 Parkside Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Parkside Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Miller,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lora Miller,
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) October 23.1859

8. AGE: Years	Months	Days	If less than one day
82 84	8	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Manufactur
11. Industry or business Paint

FATHER
12. Name John Miller,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Holland

16 (a) Informant Hugh W.Miller,
(b) Address 3213 Tyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4.1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co.Md.

18 (a) Funeral director Robert S.Little,
(b) Address 2700 Edmondson Ave.

JUL 3 1942 (Date rec'd by registrar) Hamilton Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JUL 2 - 1942 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 16 1942. to July 2 1942. and that I last saw him alive on July 1 1942.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Arteriosclerosis	
Due to General debility	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation --
Major findings of operation: --
of autopsy: --

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- While at work? (Specify type of place)
(e) Means of injury --

23. Signature Grover C. Hoy. M.D.
Address 2401 Linden Ave. Date signed 7/2/42

VS 3

Please write plainly; please write the causes of death clearly and legibly.

93649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. 93649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1654 Normal Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1654 Normal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Brunn

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1867

8. AGE: Years	Months	Days	If less than one day
74	8	1	hr. min.

9. Birthplace Bavaria (Town, county and state)
10. Usual Occupation Retired Police Officer
11. Industry or business City of Baltimore

FATHER
12. Name Rudolph Brunn
13. Birthplace Bavaria

MOTHER
14. Maiden Name Mary Borgstedt
15. Birthplace Bavaria

16 (a) Informant Herman Brunn
(b) Address 1654 Normal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wallace & Son
(b) Address 1212 Pont St

19 (a) Date received (Date received by registrar) 7-3-42 (b) Filed by Hamilton for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1941 to July 2 1942 and that I last saw h[illegible] alive on July 2 1942

Immediate cause of death	Duration
Carcinoma of Stomach	Nov 1, 41
Due to Gen Myocarditis	1/1/42
Due to Ch Pancreatitis Chronic Nephritis	1/1/42
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Brunn M.D.
Address 501 Kenilworth Date signed July 3 1942

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93650
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 S Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 S Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Conn

3 (b) If veteran, name war N
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Joshua
6 (c) If alive, give age 79-1 years
7. Birth date of deceased (mo., day, yr.) Jan 9 1863
8. AGE: Years 71 Months 5 Days 25 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Donohue
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Flynn
15. Birthplace Ireland

16 (a) Informant Margaret Gulk
(b) Address 1638 S Stricker St
17 (a) Burial (b) Date thereof 7/6/42 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md
18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1219 Washington Blvd Williams, Md.
JUL (a) 3 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 6:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to July 2 1942
and that I last saw h alive on July 2 1942.

Immediate cause of death Coma of Renal
Due to Nephritis
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature O. L. Long M. D.
Address 711 S Bentalou Date signed 7-2-42

(over)

VS 3

F 93651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel V Cochran

3 (b) If veteran, name war W
3 (c) Social Security Account No. 1140

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ramona A Cochran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1878

8. AGE: Years 63 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert H Adams
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lena V Daigle
15. Birthplace Baltimore Md

16 (a) Informant Ella Gutsmuths
(b) Address 802 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Md
Location Loudon Md

18 (a) Funeral director Wilbur Cook Inc
(b) Address 12 W Lafayette Ave

JUL 3 1942 (Date rec'd by registrar) (b) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3d 1942, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17, 1942 to June 30, 1942, and that I last saw her alive on June 30, 1942.

Immediate cause of death	Duration
Aorta bronchitis and pleurisy	10 days
Due to Chronic endo- and myocarditis	6 mo.
Also Chronic nephritis	2 mo.
Other Conditions Diabetes Insip.	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3300 W. Lanvale Date signed 7/2/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 93652

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Bell. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Adams

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	M.

6 (b) Name of husband or wife Anna Dant.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1878

8. AGE: Years	Months	Days	If less than one day
63	6	7	hr. min.

9. Birthplace [illegible] (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Knabe Co.

FATHER
12. Name ?
13. Birthplace Ger.

MOTHER
14. Maiden Name ?
15. Birthplace Ger.

16 (a) Informant Mrs. Adams.
(b) Address 1702 Bell. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director L. F. McCready
(b) Address 130 E. Fort Ave.

JUL 3 1942 (Date rec'd by registrar) (S) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942 at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to July 1 1942 and that I last saw h[illegible] alive on July 1 1942

Immediate cause of death Tuberculosis — Duration

Due to Sanguous of R Foot

Due to Generalized Arteriosclerosis

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hupik M.D.
Address St Joseph's Hospital Date signed 6/24/42

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

F 93653

418039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93653

Registered No. 477

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Silver Spring
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8017 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arch D. Warren

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-96

8. AGE: Years	Months	Days	If less than one day
45	6	3	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Office of Defense Trans

11. Industry or business

FATHER 12. Name Mortimer Warren

13. Birthplace N. J.

MOTHER 14. Maiden Name Elizabeth Black

15. Birthplace N. J.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/42 (month) (day) (year)

(c) Cemetery or crematory Bethesda, Md.

Location

18 (a) Funeral director John D. Mitchell & Sons

(b) Address 9900 Rockville Pike, Bethesda, Md.

19 JUL 3 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942, to July 1 1942, and that I last saw him alive on July 1 1942

Immediate cause of death Carcinoma lung — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Carcinomatosis lung

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Aikens M. D.

Address Johns Hopkins Date signed 7-1-42

VS 3

93654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 93654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 8315 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Parks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-8907

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Dorothy J. Parks

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1890

8. AGE: Years	Months	Days	If less than one day
51	8	26	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business

FATHER
12. Name John W. Parks.
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred F. Sisk.
15. Birthplace Va

16 (a) Informant Dorothy J. Parks
(b) Address 8315 Old Harford Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Moreland Park.
Location Taylor Ave.

18 (a) Funeral director Ebenbreuth & Sonnemann
(b) Address 3615-17 Chestnut Ave.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1942; at 8 32 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by Inquest - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Headen M.D. Medical Examiner.
Date signed 7-1-42

Yes

93655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

F 93655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1459 Forge Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry Sparwasser

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	26	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Md Bolt & Nut Co.

FATHER
12. Name Henry C. Sparwasser
13. Birthplace Germany.

MOTHER
14. Maiden Name Emma J. Bailey
15. Birthplace Md.

16 (a) Informant Edward O Sparwasser
(b) Address 5700 Newbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Brenowitz & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) Date received 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1942, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1942, to 7/2 1942, and that I last saw h~~im~~ alive on 7/2 1942

Immediate cause of death	Duration
Uremia	
Due to Hypertensive CVD (Arteriolar Nephrosclerosis)	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Tompkins

Address W. Balto. Gen. Hosp. Date signed 7/2/42 M. D.

F 93656 ✓ F 93656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 1a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 Woodward St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Woodward St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick H. Bartens
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-03-8097
4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Jennie G Bartens
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 15-1872
8. AGE: Years 69 | Months 9 | Days 17 | If less than one day hr. min.
9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Molder
11. Industry or business Foundries Lumber Co.
FATHER 12. Name Frederick Bartens
FATHER 13. Birthplace Germany.
MOTHER 14. Maiden Name Unknown.
MOTHER 15. Birthplace Germany.
16 (a) Informant Jennie G Bartens
(b) Address 805 Woodward St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Q. C.
18 (a) Funeral director Geo. H. Leinhart
(b) Address 525 N. Eutaw St
19 Filed July 8 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH July 2 1942 at 10.15 PM
21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1942 to July 2 1942 and that I last saw him alive on July 2 1942
Immediate cause of death Cardiac Thrombosis — Duration 1 day
Due to Chronic Nephritis — Duration 6 mos.
Due to Arteriosclerosis — Duration 10 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Williams M.D.
Address 805 Woodland St Date signed July 8 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93657

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sibley's Private Home 93D

CITY OF BALTIMORE: (No. 600 Chapelgate Lane Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Green

If U. S. Veteran specify WAR

(a) Residence: No. 4949 Edgemere Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harry C. Green

6. DATE OF BIRTH (month, day, year): Jan. 2, 1859

7. AGE: Years 83 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James M. McElhenny

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Alverta

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Effie M. McElhenny

(Address) 625 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: July 4 19 42

19. UNDERTAKER: E. Leroy Stoffler, Inc.

(Address) 125 E. North Ave.

20. FILED JUL 3 - 1942 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1940 to July 2, 1942

I last saw her alive on July 1, 1942. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1933
Auricular Fibrillation	July 29, 42
Heart Failure	July 29, 42
Senile Gangrene Foot	June 15, 42

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L. Earl Pano M. D.

(Address) 4001 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

93658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 93658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5510 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5510 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Winfield Decker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1881

8. AGE: Years	Months	Days	If less than one day
61	1	27	hr. min.

9. Birthplace Washington, D.C (Town, county, and state)
10. Usual Occupation Fire Dept.
11. Industry or business

FATHER 12. Name Geo. E. Decker
13. Birthplace Wash. D.C

MOTHER 14. Maiden Name Lucy Hopper
15. Birthplace Wash. D.C

16 (a) Informant Gertrude Decker
(b) Address 5510 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 4 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard J. Ruppert
(b) Address 5304 Harford Rd

19 (a) JUL 3 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 2 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 2 1942 and that I last saw him alive on July 1 1942

Immediate cause of death Cardiac decompensation — Duration July 1
Due to
Due to
Other Conditions Chronic myocarditis — A. Number of years.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B. Green M. D.
Address 3009 Evergreen ave Baltimore Maryland. Date signed 7/3/42

F 93659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 93659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Brunt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Brunt St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie Parham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband ~~or wife~~ William Parham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16, 1859

8. AGE: Years	Months	Days	If less than one day
82	7	15	hr. min.

9. Birthplace Stoney Creek Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Parham
13. Birthplace Va

MOTHER
14. Maiden Name Mattie Wyatt
15. Birthplace Va.

16 (a) Informant Susie Goss
(b) Address 2331 Bingow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Stony Creek, Va.

18 (a) Funeral director Rev. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1941, to July 1 1942, and that I last saw h~~e~~r alive on June 1 1942.

Immediate cause of death	Duration
Chronic Valvular Heart Disease	1 yr.
Due to	
Due to	
Other Conditions Broken Compound	7 months

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Williams Frey M.D.
Address 1929 Perna Ave Date signed 7/3/42

(Date received by registrar) JUL 9 1942

VS 3

93660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 93660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 N. Smallwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 N. Smallwood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Herman Wolfe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: David Kuldberg

13. Birthplace: Russia

MOTHER 14. Maiden Name: Esther —

15. Birthplace: Russia

16 (a) Informant: Jack Wolfe

(b) Address: 1623 N. Smallwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-42 (month) (day) (year)

(c) Cemetery or crematory: Hebrew Friendship Cem.

Location: Phila. Road - Bowleys Lane

18 (a) Funeral director: Jack Lewis Inc

(b) Address: 1439 E. Balto. St

19 (a) (Date of [illegible]) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 50

20. DATE OF DEATH 7-3-42 19 at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1942 to 5/24 1942, and that I last saw her alive on May 24 1942

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Ch. Hypertension with Diabetes

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: A. L. Hornstein M.D.

Address: 733 Smith St Date signed 7/3/42

VS 8

F 93661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 93661 Registered No. 1186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegheny
(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES EARL LEHR

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-6348

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Ship Worker

11. Industry or business Ship Yard

FATHER 12. Name Chas. Lehr

13. Birthplace Kingwood W. Va

MOTHER 14. Maiden Name Minnie Persael

15. Birthplace Kingwood W. Va.

16 (a) Informant Selby Funeral Home

(b) Address Frostburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (month) (day) (year)

(c) Cemetery or crematory Allegheny Cem.

Location Frostburg Md.

18 (a) Funeral director John [illegible]

(b) Address 1900 [illegible] Williams, M.D. Registrar

19 (a) JUL 8 1942 (Date received) (b)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 10 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Fracture base of skull

Due to: accidental fall.

Due to:

Other Conditions ~~No~~

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ~~No~~

of autopsy: ~~No~~

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/6

(a) Accident, suicide, or homicide accident

(b) Date of occurrence July 3, 1942 at 6a M

(c) Where did injury occur? Maryland Garrett Garfield (City or Town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ~~no~~ natural While at work? Yes (Specify type of place)

(e) Means of injury struck by steel plate and fell 20 ft.

23. Signature H. L. Wollamwober M.D. Medical Examiner.

Date signed 7-3-42

F 93662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered F 93662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. Chase St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wm. McCleary

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/? 1880

8. AGE: Years	Months	Days	If less than one day
61	6	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Wm. McCleary
13. Birthplace W. Va.

MOTHER
14. Maiden Name Ella Snyder
15. Birthplace W. Va.

16 (a) Informant Rose McCleary
(b) Address 11 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Elmwood Cemy.
Location Shepherdstown, W. Va.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

19 (a) Filed JUL 3 1942 (b) Huntington Williams, M.D.
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to June 15, 1942 and that I last saw him alive on June 15, 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hrs.
Due to: Hypertension — 10 yrs.
Due to: Cardio-Vascular Renal Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. R. Tammariello M.D.
Address Medical Arts. Bldg. Date signed 7/3/42

Dr. Tammariello

F 93663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 93663 / 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wellington Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ellicott
(If outside city or town limits, write RURAL and give town)
(d) Street No. West Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Lafferty

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2284

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/1/1881

8. AGE: Years	Months	Days	If less than one day
60	7		hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Leninger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Fitzpatrick
15. Birthplace Ireland

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof July 6 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Easton Lore
(b) Address Ellicott City

19 (a) 3 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1942; at 3:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1942 to July 1 1942; and that I last saw her alive on July 1 1942

Immediate cause of death Multiple Carcinomatosis — Duration

Due to Carcinoma Breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 7/1/42

VS 8

F 93664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registration No. F 93664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 92 S Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 92 S Harlem Ave, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Chapman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Stockton, Md (Town, county, and state)

10. Usual Occupation House keeper

11. Industry or business

FATHER 12. Name William Chapman

13. Birthplace Stockton, Md

MOTHER 14. Maiden Name unknown

15. Birthplace Stockton Md

16 (a) Informant Anna Mumford

(b) Address 92 S Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (month) (day) (year)

(c) Cemetery or crematory

Location Hunley, Md.

18 (a) Funeral director Croft & Wilson

(b) Address 1000 Grant Ave

19 (a) Date received July 3 1942 (b) Huntington Williamson Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 7:20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to July 2 1942 and that I last saw deceased alive on July 1 1942

Immediate cause of death

Due to Apoplexy

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Fisher

Address 6122 Monument Ave Date signed July 8/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93665 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1345 Richardson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Richardson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Jakubwoski

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 212-18-0475

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Jakubwoski
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 27th 1875

8. AGE: Years	Months	Days	If less than one day
67		7 5	hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Bernard Jakubwoski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anna Jakubwoski
(b) Address 1345 Richardson St

17 (a) July 6 1942 (b) Date thereof (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location

18 (a) Funeral director Charles F Dill
(b) Address 1501 E Pratt St

19 (a) 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to July 2 1942, and that I last saw deceased alive on July 2 1942.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	2 yr.
Due to Arteriosclerosis	2 yr. ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Sullivan M.D.
Address 787 Fort Ave. Date signed July 3 1942

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓108

Registered No. E-93666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 N. Fulton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 4
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 North Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EVELYN M. POWERS Nee Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-18-4620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife Louis A. Powers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1916

8. AGE: Years	Months	Days	If less than one day
25	7	8	hr. min.

9. Birthplace Parsons W. Va
(Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Restaurant

FATHER
12. Name Harry B Brooks
13. Birthplace Woodstock Va

MOTHER
14. Maiden Name Drucilla Mills
15. Birthplace Liberty Tunnel Va

16 (a) Informant Myrtle B Brooks
(b) Address 1106 N. Fulton Ave

17 (a) Burial (b) Date thereof July 6 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakland Md
Location Laurel Md

18 (a) Funeral director C. Howard Evans
(b) Address 2400 Sharp St

19 (a) JUL 4 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 7-3-42

VS 6

93667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. E 93667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Balto
(c) City or town Reisterstown Md.
(If outside city or town limits, write RURAL and give town)
Street No. None. Delight, near Reisterstown
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anna Culver

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Charles R. Culver Deceased 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	23	hr. min.

9. Birthplace Reading Pa. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business worked at Home

FATHER
12. Name John Barth
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Bolster
15. Birthplace Germany

16 (a) Informant Mrs. Ursula Ballaster
(b) Address Delight, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1942 (Month) (day) (year)
(c) Cemetery or ~~Crematory~~ Mineland Memorial
Location Taylor Ave., west of Harford Road

18 (a) Funeral director Upton Berryman & Sons
(b) Address Reisterstown, Md.

19 (c) Filed July 4 - 1942 Registrar for Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 - 1942 at 10:17 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to July 2 1942, and that I last saw her alive on 10:10 P.M. 1942.

Immediate cause of death: Leukemia (acute)
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

VS 3

93668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 93668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Harlem ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dolores Shaw

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-4-1940

8. AGE: Years	Months	Days	If less than one day
2	4	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Leon F. Shaw
13. Birthplace Va. C.

MOTHER
14. Maiden Name Dinah G Sutton
15. Birthplace Va. C.

16 (a) Informant Leon Shaw
(b) Address 1613 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 JUL 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1942, at 3.04 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wheeler M.D. Medical Examiner.

Date signed 7-3-42

V8 6

93669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

F 93669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Barllett ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Bartlett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John William Pickering

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Ida Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11-1862

8. AGE: Years 80 | Months 1 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Capt Tug Boat B-O RR
11. Industry or business

FATHER
12. Name George Pickering
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Drucilla Tapman
15. Birthplace Baltimore Md

16 (a) Informant Mrs Pickering Daughter
(b) Address 709 Bartlett

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Lot

18 (a) Funeral director J. J. Gallagher & Sons
(b) Address 321 E. High St.

JUL 4-1942 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 2 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to July 2 1942, and that I last saw him alive on July 1 1942.

	Duration
Immediate cause of death: Broncho Pneumonia	2 days
Cerebral Hemorrhage	5 days
Due to arterio sclerosis	21 Dy
Due to Chr Interstitial Nephritis	2 Years
Other Conditions Hypertension Diabetes	21 D

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F A Stevens M.D.
Address 3676 Harford Rd Date signed 7-3-42

VS 8

93670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93670

Registered No. 520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Frederick avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt. St. Joseph's College (If rural give location)
(e) Citizen of foreign country? NO (Ward No.)
If yes, name country

25-1

3 (a) FULL NAME BROTHER EUGENIUS, C. F. X. (William Ford)

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1888

8. AGE: Years 54 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Sommerville, Mass. (Town, county, and state)

10. Usual Occupation Xaverian Brother

11. Industry or business

FATHER
12. Name Eugene Ford
13. Birthplace Unknown

MOTHER
14. Maiden Name Susan Clarke
15. Birthplace Unknown

16 (a) Informant Brother Edmund, C.F.X.
(b) Address 4409 Frederick avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. J. Evans, Jr.
(b) Address 119 N. Mt. Royal Ave.

19 JUL 4 - 1942 (Date rec'd by Local Registrar) (Funeral for Williamsport)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 10 M

21. I certify that death occurred on the date above stated: that I attended deceased from June 1940 to July 3 1942 and that I last saw him alive on July 1942.

Immediate cause of death: Carcinoma of kidney, metastasis to [illegible]

Due to: Fungus Fistula & Fecal Fever.

Due to:

Other Conditions: Exhaustion, Pulmonary oedema.

(Include pregnancy within 3 months of death)

Date of operation June 1940

Major findings of operation: Carcinoma of kidney

of autopsy: Yes.

Duration
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature John F. Meara, M. D.
Address 804 Cathedral St. Date signed 7/3/42

F 93671 MORRIS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 93671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 John St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-65

8. AGE: Years 77 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Morris
13. Birthplace Manchester, England

MOTHER
14. Maiden Name Julia McDonald
15. Birthplace Ireland

16 (a) Informant Mary E. Morris
(b) Address 1306 John St.

17 (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Thos. J. Grange Son
(b) Address 418 N. Mt. Royal Ave.

19 (a) Filed 7-4 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1942 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 7-3 1942 and that I last saw h[illegible] alive on 7-3 1942

Immediate cause of death: Coronary Occlusion? — Duration: 1/4 hour

Due to

Due to

Other Conditions Diabetes Gangrene Rt foot

(Include pregnancy within 3 months of death)

Major findings:
Of operations Diabetic gangrene Rt. foot 6/29/42
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Lynch M.D.
Address Md. Gen. Hosp. Date signed 7/5/42

VS 8

93672 Holland

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

Registered No. F 93672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Shields Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Shields Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Holland

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negress

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Levi Holland —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore City Md (Town, county, and state)

10. Usual Occupation nurse

11. Industry or business

FATHER 12. Name Henry Gross

13. Birthplace md Calvert Co.

MOTHER 14. Maiden Name Alice Johnson

15. Birthplace md

16 (a) Informant John Taylor

(b) Address Graces Landing Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1942 (month) (day) (year)

(c) Cemetery or crematory Union Chapel

Location McKendree Md

18 (a) Funeral director T. A. Hardesty & Son Edmondson Md

(b) Address

19 (a) JUL 4 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1942 at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy had that said deceased came to death on the day stated above.

(Autopsy or Inquiry)

Immediate cause of death Cardiovascular Renal

Due to Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 7-3-42

VS 6

93673 ~~42-14510~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 12

Registered No. F 93673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

5-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 120 N Exeter Street
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Mitchell (Birth F-50945)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7-1942

8. AGE: Years | Months | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Christopher Mitchell
13. Birthplace Md

MOTHER 14. Maiden Name Rose Dennis
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-25-42 (month) (day) (year)
(c) Cemetery or crematory B.C.H @ 9A.M
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUL 4 – 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1942 at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1942 to 6-20 1942, and that I last saw him alive on 6-20 1942.

Immediate cause of death Tetanus — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-29-42

93674 F 93674

BALTIMORE CITY HEALTH DEPARTMENT

E.S. (74763) CERTIFICATE OF DEATH 159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Sherwood (Birth F. 5-20-'90)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1942

8. AGE: Years | Months | Days | If less than one day: 5 hrs 35 mins

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Sherwood
13. Birthplace Maryland

MOTHER
14. Maiden Name Erma Hattaway
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-29-42 (month) (day) (year)
(c) Cemetery or crematory B.C.H. Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 JUL 4 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1942, at 12:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/1942 to 6/19/1942 and that I last saw h[illegible] alive on 6/19/1942.

Immediate cause of death: Congenital atelectasis — Duration 5 hr
Due to: Prematurity — 29 weeks
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Huntington
Address Balto. City Hosp. Date signed 6/24/42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93675 T.B. 74419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 G

Registered No. E 93675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
4940 Eastern Ave
(b) Street address
(c) Hospital or institution:
Baltimore City Hospitals 16-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
Maryland
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Young (Birth F-50769)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2nd, 1942

8. AGE: Years | Months | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hamiliton Carter
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ella May Young
15. Birthplace Baltimore, Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof June 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hosp.
Location 49 40 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) JUL 4 1942 (Date rec'd by registrar) Huntington Willi... M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 15 - 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1942 to 6-15 1942 and that I last saw h[illegible] alive on 6-15 1942

Immediate cause of death	Duration
Peritonitis	
Due to Intestinal Obstruction and Perforation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Pattison M. D.
Address Balto City Hosp Date signed 6-29-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93676 74539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 93676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address 16-2
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Smith (Sarah) (Birth F-50670)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, ~~Married, Widowed, Divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-42

8. AGE: Years | Months | Days | If less than one day 12 hr. 52 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Smith
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Yaskins
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-25-42 @ 9AM (month) (day) (year)
(c) Cemetery or crematory B.C.H
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUL 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1942, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942, to June 10 1942, and that I last saw her alive on June 10 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Hollander
Address Balt. Ct. Dept Date signed 6/26/42

VS 8

F 93677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 H

(Registered Number) F 93677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 W. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 73 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. University Parkway
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mary Agnes Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph A. Moore
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
73	---	---	--- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Daniel Donnelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Helen Milholland
15. Birthplace Maryland

16 (a) Informant Donnelly Moore
(b) Address 603 W. University Parkway

17 (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

JUL 5 - 1942 (b) Huntington Hillsdale, Md.
(Date rec'd by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1942 at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1941 to 7/3 1942 and that I last saw h-- alive on 7/3 1942

Immediate cause of death Carcinomatosis Retroperitoneum Glands — Duration 1 yr.
Due to Uretero Hydronephrosis
Due to Primary —
Other Conditions Pulmonary Embolism — 24 hrs.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John T. Mears M. D.
Address 904 Cathedral Date signed 7/4/42

93678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93678 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 152 N. Exeter Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 152 N. Exeter Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolyn Matthews

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negress	Widowed

6 (b) Name of husband or wife Horace Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1893

8. AGE: Years	Months	Days	If less than one day
48	6	5	hr. min.

9. Birthplace Balto. County Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adolphia Jackson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lena Harris
15. Birthplace Balto. County Md.

16 (a) Informant Hattie Hall
(b) Address 345 Hillen Rd - Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest cem.
Location Towson Md.

18 (a) Funeral director Byron & Margie Wright
(b) Address 721 Aliceanna St.

19 (a) 7-11-42 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-1942, at 9:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death
Chronic Ulcerative Colitis
Due to Tuberculosis
pulmonary with cavities.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 7-3-42

VS 6

Physicians: please write the causes of death clearly and legibly.

F 93679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

F 93679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Lucille Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Lucille Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celia Riberkof

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Hyman Crook
13. Birthplace Poland

MOTHER
14. Maiden Name Unkown
15. Birthplace Poland

16 (a) Informant William Riberkof
(b) Address 3627 Lucille Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (Filed) JUL 7 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION 10.05

20. DATE OF DEATH July 4, 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to July 4 1942 and that I last saw h[er] alive on July 4 1942

Immediate cause of death Lymphosarcoma (Abdominal)
Duration 4 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernhard Schofield M. D.
Address 920 Cumpston Date signed July 5 1942

F 93680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

F 93680 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balt.

(c) City or town Balt. (If outside city or town limits, write RURAL and give town)

(d) Street No. 5103 Hartford Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Sadie A. Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Oliver Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
81	6	17		

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edward Rowley

13. Birthplace Balt., Md.

MOTHER 14. Maiden Name Amelia McComas

15. Birthplace Balto. Md

16 (a) Informant Mrs. Joseph Miller

(b) Address 5103 Hartford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director A. S. Marshall

(b) Address 3539 Falls Road

19 (a) 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 4 1942 and that I last saw her alive on July 4 1942

Immediate cause of death Peritonitis — Duration 29 hrs.

Due to Perforation

Due to Intestional obstruction — 36 hrs

Other Conditions Carcinoma of sigmoid

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. E. Devine M.D.

Address Mercy Hosp. Date signed 7-7-42

VS 3

F 93681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 93681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Raynor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura RICHTER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Hans Richter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55	1	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Filey
13. Birthplace Md

MOTHER
14. Maiden name Mary Roberts
15. Birthplace Md

16 (a) Informant Hans Richter
(b) Address 2006 Raynor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 6 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director Clara A. D. Rohde
(b) Address 2327 Edmondson Ave

19 (a) JUL 5 - 1942 (Registered by registrar) (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 7 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 7-4-42

VS 6

F 93682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48a

F 93682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Lexington Line & Madison St.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Wyanoke Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Idella K. Melvin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Marion H. Melvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/16/1893

8. AGE: Years	Months	Days	If less than one day
49	1	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name William Toole
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Irene --
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marion H. Melvin
(b) Address 606 Wyanoke Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date rec'd by Registrar) (b) Huntington Williamsport, Md.

JUL 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/ 1942 at 6 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28th 1942 to July 3 1942, and that I last saw her alive on July 3 1942.

Immediate cause of death	Duration
Carcinoma of Cervix with generalized metastases	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Coffman
Address Md. General Hosp. Date signed 7/3/42 M. D.

F 93683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 93683 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 523 Nottingham Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 523 Nottingham Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Esther Nichols

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Isaac Harvey Nichols

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1861

8. AGE: Years	Months	Days	If less than one day
81	4	28	hr. min.

9. Birthplace Salisbury, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER

12. Name James E. Connelly

13. Birthplace Wicomico Co. Md.

MOTHER

14. Maiden Name Emily Humphry

15. Birthplace Wicomico Co Md.

16 (a) Informant Mrs. J.T. Lowe

(b) Address 523 Nottingham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)

(c) Cemetery or crematory Parsons Cemetery

Location Salisbury, Md.

18 (a) Funeral director William J. Tickner & Sons

(b) Address North & Pennsylvania Aves.

JUL 5 - 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942 at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1942 to July 4 1942 and that I last saw h alive on July 3 1942.

Immediate cause of death: Carcinoma Liver — Duration: four yrs

Due to

Due to

Other Conditions No other

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature W. Bowman Stayhood M.D.

Address 2200 Garrison Blvd. Date signed 7.5.42 M. D.

F 93684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93684 / 92 B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1622 N. Milton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) Yes

If yes, name country

3 (a) FULL NAME Aloysious Hundt

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8139

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sep-Rita

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-06

8. AGE: Years	Months	Days	If less than one day
36	0	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER 12. Name Joseph Hundt

13. Birthplace Md. (Sweden)

MOTHER 14. Maiden Name Rose Sweda

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto., Md.

JUL 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 3 1942, and that I last saw him alive on July 3 1942.

Immediate cause of death	Duration
Bronchopneumonia, both lungs, with acute bacterial endocarditis	
Due to Pneumococcus	
Due to	
Other Conditions Rheumatic heart disease	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Bronchopneumonia; mitral stenosis; bacterial endocarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John Lucteda, jr.

Address Johns Hopkins Hosp. Date signed 7/3 M.D.

VS 3

93685

HEALTH DEPARTMENT—CITY OF BALTIMORE

93685

CERTIFICATE OF DEATH

93E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Etting St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Young

If U. S. Veteran specify WAR

(a) Residence: No. 1126 Etting St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Young

6. DATE OF BIRTH (month, day, year) July 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kinsale Va.

FATHER

13. NAME Rhoda McCoy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agnes Rebecca Gray

16. BIRTHPLACE (city or town) (State or country) Kinsale Va.

17. INFORMANT Viola Landon

(Address) 1124 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-5- 1942

19. UNDERTAKER Wm. H. Hall & Son

(Address) 1631 Druid Hill Ave

Huntington Williams, M. D.

JUL 5 — 1942

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1941 to July 1, 1942

I last saw her alive on July 1, 1942 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7-1-41
Senility	Unknown
Cortaro-sclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Pond Peters M. D.

(Address) 1632 Druid Hill Ave

F 93686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42D

F 93686

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 398 E. 31st Street

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town — (If outside city or town limits, write RURAL and give town)

(d) Street No. 398 E. 31st St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles A. Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Refreshments

FATHER 12. Name Andrew Jackson

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Smith

MOTHER 15. Birthplace Baltimore

16 (a) Informant Mrs Anna M Jackson

(b) Address 398 E 31st St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-4-1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location —

18 (a) Funeral director Mary M Woodfield

(b) Address 201 E. 22nd Sts

19 JUL 5 - 1942 (Date rec'd by registrar) (Signature) Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd. 1942, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27th. 1942 to July 2nd. 1942. and that I last saw h im alive on June 30th. 1942.

Immediate cause of death	Duration
Coronary Occlusion	Immediate
Due to Endocarditis	unknown
Due to	
Other Conditions Myocarditis	unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leo W. Montgomery M.D.

Address 401 E. 25th. St., Date signed 7/3/42.

VS 3

Please write the causes of death clearly and legibly.

F 93687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 F 93687

(Registered) No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Ave.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie J. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2995

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 6, 1881

8. AGE: Years	Months	Days	If less than one day
60	11	27	hr. min.

9. Birthplace Vermont, Ill.
(Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business

FATHER
12. Name Thomas J. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah
15. Birthplace Ireland

16 (a) Informant Mrs. M. N. Murphy.
(b) Address 2222 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

19 (a) 7-11-5-1942 (b) Under rules and regulations of the Board of Health, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 5 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to July 3 1942, and that I last saw her alive on July 2 1942.

Immediate cause of death: Cardiac failure

Due to Arteriosclerotic C.V.D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Patterson Rosskam, M.D.
Address St. Agnes Hosp. Date signed 7/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 93688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93688 Registered No. 50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4511 Garrison Blvd
(c) Hospital or institution: Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Gunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?, 1865

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Bernard Gunn
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Baltimore, Md.

16 (a) Informant Rev. Maurice Rocke
(b) Address St Agnes Rectory

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Bowan & Son
(b) Address 901 Hollins St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 5 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1942 to 7/3 1942 and that I last saw her alive on 7/3 1942.

Immediate cause of death Hypostatic Pneumonia — Duration 7/2/42

Due to Bilateral Arteriosclerosis — 2 yrs

Due to Cardio-Vascular Disease — 2 yrs

Other Conditions Carcinoma of Rt breast

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Lancaster, M.D.

Address 679 Washington Blvd Date signed 7/5/42

Typing important: please write the causes of death clearly and legibly.

F 93689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93689 1228

Please write clearly and legibly. Use ink. Physicians: please write the causes of death.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO.
(c) City or town Baltimore WOODLAWN
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Perrigo

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1942, at 11 AM

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/1859

8. AGE: Years 83 | Months 0 | Days 19 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Joseph Henry J. Perrigo
13. Birthplace Prince George County Md

MOTHER — 14. Maiden Name Elizabeth Talbert
15. Birthplace Prince Geo Co Md

16 (a) Informant Mrs. Charles Bealer
(b) Address 6305 Windsor Mill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6 - 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location " "

18 (a) Funeral director Edward Longstreth
(b) Address 2359 Wash. Blvd.

19 (a) 7/4/42 Huntington Williams, M.D. Registrar
(Date received by registrar)

21. I certify that death occurred on the date above stated, that I attended deceased from 6/27 1942, to 7/3 1942 and that I last saw her alive on 7/3 1942.

Immediate cause of death: Intestinal Obstruction — Duration

Due to

Due to

Other Conditions Cardiac Failure Hypertension C.V. Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sharon M. Chenlyt M.D.
Address 2 B G N Date signed 7/3/42

VS 3

F 93690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 145C

F 93690
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 S Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 1-1
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 S Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Truszkowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Stanislaw Truszkowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Nyrkowska
15. Birthplace Poland

16 (a) Informant Mrs Wagner
(b) Address 1113 S Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Oppenheimer
(b) Address 1930 Eastern Ave.

19 (a) (State registrar) (b) Huntington Williams, M.D.

JUL 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to July 3 1942 and that I last saw him alive on July 2 1942

Immediate cause of death Generalized Adenocarcinomatosis
Carcinoma of Stomach
Due to with metastasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: June 1/42

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eastern Clinic M. D.
Address 842 S Eastern Date signed 7-7-42

F 93692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

F 93691
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Whiteford
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Orr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Susan Orr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Harford Co, Md (Town, county, and state)
10. Usual Occupation Mail carrier
11. Industry or business

FATHER
12. Name Joseph Orr
13. Birthplace Penna

MOTHER
14. Maiden Name Umbaugh
15. Birthplace Md.

16 (a) Informant University Hospital
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Slate Ridge
Location Delta Pa

18 (a) Funeral director Hutchison
(b) Address Delta Pa

19 JUL 6 1942 (b) Hunting[illegible] Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1942, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1942 to 7/5 1942, and that I last saw him alive on 7/5 1942.

Immediate cause of death: Hemorrhage
Pulmonary edema
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2-3 yrs.

Date of operation 6/29/42
Major findings of operation: Was a perf. well & stomach perforation in pancreas & abd. cavity
of autopsy: Blood in abd. cavity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. E. Lentz M. D.
Address University Hospital Date signed 7-5-42

VS 3

F 93692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNSYLVANIA County
(c) City or town YORK (If outside city or town limits, write RURAL and give town)
(d) Street No. 158 So GEORGE ST (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. MAZIE KRAFT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 29, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	76	hr. min.

9. Birthplace YORK, PENNSYLVANIA (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name DAVID F FORRY
13. Birthplace PENNSYLVANIA

MOTHER
14. Maiden Name LUCINDA WAGNER
15. Birthplace PENNSYLVANIA

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1942 (months) (days) (years)
(c) Cemetery or crematory Prospect Hill, York
Location York, Penna

18 (a) Funeral director Wm Loose Inc
(b) Address 127 St Paul St

19 JUL 6 — 1942 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 2:26 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..... to 19..... and that I last saw h..... alive on 19.....

Immediate cause of death Postop. Ileus, INTESTINAL OBSTRUCTION — Duration

Due to EXTENSIVE METASTATIC ADENOCARCINOMA, PRIMARY IN

Due OVARY

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation JUNE 22, 1942

Major findings of operation: Extensive Metastatic Adenocarcinoma, Primary in Ovary

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M.D.
Address Union Memorial Hospital Date signed 7-5-42

VS 8

93693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 93693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. 25th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Agnes Myers (Birth F-5733)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/1/42

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick A. Myers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Euphemia Young
15. Birthplace Ireland

16 (a) Informant Frederick A. Myers
(b) Address 300 East 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Rockville, Md.

18 (a) Funeral director Williams Cook, Inc.
(b) Address 1217 St. Paul St

19 JUL 6 - 1942 (Date rec'd by Reg.) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 8:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 5 1942 and that I last saw h. alive on July 5 1942

Immediate cause of death Cardio-respiratory failure — Duration

Due to

Due to

Other Conditions Premature infant

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp Date signed 7/5/42

VS 3

93694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 93694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 E. York St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM J BLUEFORD

3 (b) If veteran, name war N
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 8 1872
8. AGE: Years 70 | Months 6 | Days 26 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm J Blueford Jr
(b) Address 1644 Hilton St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Baltimore MD
18 (a) Funeral director Hilton Cook Inc
(b) Address 1217 E Fort Ave
19 (a) JUL 6 1942 (b) Registrar's signature Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 5a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions ha
(Include pregnancy within 3 months of death)
Date of operation ha
Major findings of operation:
of autopsy: ha

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollamsrahn M.D. (Medical Examiner.)
Date signed 7-4-42

VS 6

93695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 93695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 N Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 N Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Wehrmann

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1855

8. AGE: Years 87 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Dessing
13. Birthplace Germany.

MOTHER
14. Maiden Name Margaret Mode
15. Birthplace Germany.

16 (a) Informant Mrs J Escovitch
(b) Address 139 Antonia St S E Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1219 E Cant St

19 (Date rec'd by registrar) JUL 6 - 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 4:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to July 4 1942, and that I last saw her alive on June 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: Aw. Hrs.

Due to Arteriosclerotic C.V.D. — Duration: years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Hughstein M.D.
Address 888 W. Lombard St Date signed 7-5-42

V8 3

93696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. 93696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Old Spring Ave
(c) Hospital or institution Old Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert E Phillips

3 (b) If veteran, name war 1917
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida C Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 1869

8. AGE: Years 72 | Months 7 6 | Days 21 | If less than one day hr. min.

9. Birthplace Lonaconing Md (Town, county, and state)

10. Usual Occupation Shipwright Retired

11. Industry or business

FATHER
12. Name William Phillips
13. Birthplace Baltimore

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Ida Phillips
(b) Address 123 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1217 E Pratt St

19 JUL 6 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 4 1942, and that I last saw him alive on July 3 1942.

Immediate cause of death: cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 7/4/42

VS 3

F 93697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Llewelyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Llewelyn Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma J. Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Becker
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 14 - 1881

8. AGE: Years	Months	Days	If less than one day
61	—	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Young
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta DeHaven
15. Birthplace Balto

16 (a) Informant John F. Becker
(b) Address 2613 Llewelyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director John Lloyd
(b) Address Road Orleans St

19 (a) Huntington Williams (Registrar)
(Date received) JUL 6 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 10 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1941 to July 2 1942 and that I last saw h[illegible] alive on July 2 1942

Immediate cause of death Decompensating cardio-renal disease — Duration 5 wks.
Due to Hypertension — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.
Address 1101 N. Milton Ave Date signed 7-6-42

VS 3

93698

418 376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 93698

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town).
(d) Street No. 702 Sarah Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married

6 (b) Name of husband or wife Savannah Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-?-1880

8. AGE: Years	Months	Days	If less than one day
61	11		hr. min.

9. Birthplace Georgia (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Hammond
13. Birthplace Ga.

MOTHER
14. Maiden Name Eleanor Carr
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3??? N. Gaywood St. Huntington-Williams, M??

19 JUL 6-1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 1 1942, and that I last saw him alive on July 1 1942

Immediate cause of death: Pneumonia R.L.Lg
~~Subacute bacterial~~ subacute
Due to Diabetes Mellitus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Subacute, + Pneumonia

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hosp Date signed 7/3/42

VS 3

93699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Dolley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jackson Dolley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1882

8. AGE: Years 60 | Months 2 | Days | If less than one day hr. min

9. Birthplace Centerville, N. Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Isaac Dolley

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Virginia

15. Birthplace N. C.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Kate R Williams

(b) Address 322 N. Schroeder St.

19 (a) July 6 1942 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 4:30 PM

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1941 to July 3 1942 and that I last saw h[illegible] alive on July 3 1942.

Immediate cause of death

Cerebral Hemorrhage

Due to Arteriosclerosis

Due to (Arteriosclerosis)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Two Wks. Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Woodlan M. D.

Address 824 Harlem Av Date signed 7-6-42

93700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46e F 93700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Appleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Paymer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sara Paymer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 1864

8. AGE: Years	Months	Days	If less than one day
77 68	9	15	hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Merchant
11. Industry or business Own home

FATHER
12. Name William Paymer
13. Birthplace Russia

MOTHER
14. Maiden Name Bleema Perkin
15. Birthplace Russia

16 (a) Informant Samuel Paymer (son)
(b) Address 1102 Laurens St.

17 Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (month) (day) (year)
(c) Cemetery Hill st Corp.
Location Herring Run

18 (a) Funeral director Joseph E. Levi Inc
(b) Address 1437 E. Pratt St.

Filed JUL 8 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942, at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942, to July 5 1942, and that I last saw h/ps alive on July 5 1942.

Immediate cause of death: Lacerated peritonitis — Duration 12 hrs.
Due to: Perforated carcinoma of colon — Duration 6 mos.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6-26-42
Major findings of operation: Perforated carcinoma of colon
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary signed 7-5-42

VS 8

Please write plainly; any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 1a Registered No. F 93701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 577 W Hoffman St.
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 577 W Hoffman.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lou Taylor (Birth F-52706)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/1/42

8. AGE: Years [redacted] Months 0 Days If less than one day 1 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Taylor
13. Birthplace Petersburg County Virginia

MOTHER
14. Maiden Name Maria Smith
15. Birthplace Philadelphia, Pa.

16 (a) Informant Maria Taylor
(b) Address 577 Hoffman St.

17 (a) Removal (b) Date thereof [redacted]
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 3 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 3 - 1942 (b) Huntington & Pitts Baltimore, Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1942, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 '42 19 42 to 7/1 19 42, and that I last saw her alive on 7/1 19 42.

Immediate cause of death
Respiratory failure — Duration 1 hr.
Due to [redacted] Foetal atelectasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Cole M.D.
Address [redacted] Hospital Date signed 7/2/42

VS 2

9213

F 93702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

F 93702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Camp Holabird Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Oxford St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** JOSEPH T. PAYNE, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Cora Payne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Construction Co.

FATHER
12. Name James E. Payne
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Adams
15. Birthplace Md.

16 (a) Informant Eugene Payne (Brother)
(b) Address 120 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1942 (month) (day) (year)
(c) Cemetery or crematory Md. Avalon
Location Baltimore, Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave.

19 JUL 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest and pelvis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 1st, 1942 at 11 a M
(c) Where did injury occur? Camp Holabird (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Crushed by road tractor

23. Signature H. L. Wallenweber M.D. Medical Examiner.

Date signed 7-2-42

VS 6

F 93703

F 93703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 Lennox St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Lennox St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME STEINBOCK - LAURA - E

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louis —
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec. 3 - 1871

8. AGE: Years 70 | Months 71 | Days 7 | If less than one day: hr. - min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation at home
11. Industry or business —

MOTHER / FATHER
12. Name Andrew J. Slottlemyer
13. Birthplace Md.
14. Maiden Name Mary E. Haynes
15. Birthplace Md.

16 (a) Informant Louis Steinbock
(b) Address 803 Lennox St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jul 6 - 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director J. J. Owen
(b) Address 3[illegible] Huntington Ave
19 (a) JUL 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 3 1942 and that I last saw h[illegible] alive on July 3 1942.

Immediate cause of death: Cancer of Uterus type undetermined — Duration: 1 yr. 2 years.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —
23. Signature A. S. Claffart M.D.
Address 6710 York Rd Date signed July 4 1942

VS 3

Physicians are especially important. Physicians: please write the causes of death clearly and legibly.

F 93704 AMEY F 93704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 E. Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Emma F. Amey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Levi Amey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/27/1863

8. AGE: Years 79 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Robinson
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Francis Fenby
15. Birthplace Baltimore Md

16 (a) Informant Mary F. Fenby
(b) Address 1919 E. Pulaski St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 6/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Anne Arundel Co. Md

18 (a) Funeral director E. A. WIPPERT. SON
(b) Address 1901 Eutaw Place

19 (a) JUL 6 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1942, at 7h M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1942 to 7-4- 1942 and that I last saw h alive on 7-3- 1942

Immediate cause of death Pulmonary Edema — Duration 1 day

Due to Cerebral Arteriosclerosis — 3 days

Due to Interstitial Nephritis — 10 days

Other Conditions Cardiac Vascular disease — 16 yrs

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. A. Lemmerhardt M.D.
Address 1901 Eutaw Pl Date signed 7/5/42

VS 3

F 93705

F 93705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden Ave & Madison St.
(c) Hospital or institution: Maryland general Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3948 Belston Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bender Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Madeline E. Bender
6 (c) If alive, give age 24 years
7. Birth date of deceased (mo., day, yr.) 4/12/1910

8. AGE: Years	Months	Days	If less than one day
32	2	23	24 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Geo. C. Bender
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Wilhelmina Schmeck
15. Birthplace Balto. Md.

16 (a) Informant Geo. C. Bender
(b) Address 3851 Seguine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location The Circle W. Irvington

18 (a) Funeral director HULL & WEPPERT, SON
(b) Address 300 LUTAW PLACE

19 (a) (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943 to July 4, 1943, and that I last saw him alive on July 4 1943.

Immediate cause of death: Pneumonia, Hypostatic

Due to:

Due to:

Other Conditions: Bilateral inguinal hernia, post operative
(Include pregnancy within 3 months of death)

Major findings of operations: Bilateral inguinal hernia

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 7-4-43

VS 3

F 93706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

F 93706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Smithson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Smithson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAWRENCE EDWARD WASHINGTON

3 (b) If veteran, name war no

3 (c) Social Security Account No. 218-03-4059

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Edna Wells

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1904

8. AGE: Years 37 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Edgewood arsenal

FATHER
12. Name George Washington
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Munroe
15. Birthplace Virginia

16 (a) Informant Wife Edna
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St

JUL 6 - 1942
(Date rec'd by Registrar) (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1942 at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar — **Duration**

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber Asst Medical Examiner. M.D.
Date signed 7-4-42

F93707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1064 F93707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Presstman
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 12 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Presstman
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriett Louise Lipscomb (Birth F-5 1934)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/21/42

8. AGE: Years — | Months — | Days 12 da | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm Kimley Joseph Lipscomb
13. Birthplace Va

MOTHER
14. Maiden Name Dorothy Mae Hall
15. Birthplace Balto Md

16 (a) Informant Dorothy M. Hall
(b) Address 1521 Presstman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Hez. S. Kelson
(b) Address 1303 Presstman

19 (a) JUL 6 - 1942 (Date rec'd by registrar) (b) Pennington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 — 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1942 to July 3 1942 and that I last saw her alive on 7-2-1942

Immediate cause of death
Cerebral Hemorrhage
Due to Premature Birth and Bronchial Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4 da

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature D E Baker M.D.
Address 1135 Gilmor Date signed 7/6/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 93708

Please type or print plainly in black ink. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 W Lanvale
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Fannie F. Mercer.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Fem.
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harrison
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 3/5/1882
8. AGE: Years 60 | Months 3 | Days 27 | If less than one day ____ hr. ____ min.
9. Birthplace md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Wm H. Waters
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Harrison Mercer
(b) Address 1307 W. Lanvale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (Month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Md
18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Presstman St
19 (Date received by Local Registrar) JUL 6 1942 (Signature of Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942 at 5 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1942 to 7/2 1942 and that I last saw h[illegible] alive on 7/2 1942.

Immediate cause of death: Cardio Renal Disease — Duration ?
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature C. N. Pifott
Address 1536 W. Lanvale St. Date signed 7/6/42

VS 2

793709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 793709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 N. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 N. Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christie Evans

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race Negro
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Stephen Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Dorchester Co. Md (Town, county, and state)

10. Usual Occupation unoccupied
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Harry Evans
(b) Address 1525 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 8 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location Eastern Ave & Baltimore Co

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) Filed JUL 6 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-1942, at 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Thrombosis Coronis - Ventricular	
(b) Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 7-5-42

VS 6

793710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. 793710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 E. 35th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) --

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 E. 35th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISE V. LINKER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Andrew W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/16/1869

8. AGE: Years: 72 | Months: 8 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Alexandria, Va.
(Town, county, and state)

10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Philip Vogelgesang
13. Birthplace: Bavaria, Germany

MOTHER
14. Maiden Name: Henrietta Baum
15. Birthplace: Bavaria, Germany

16 (a) Informant: Mrs. J. Jenkins, sister
(b) Address: 3101 Evergreen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto., Md.

19 (a) (Date received by Registrar) (b) Huntington Williams, Registrar

JUL 6 1942

VS-3

MEDICAL CERTIFICATION

PM

20. DATE OF DEATH 7/2/42 19..., at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 19 42 to 7/2 19 42 and that I last saw h.e.r. alive on 7/1 19 42

Immediate cause of death: Carcinoma Colon. — Duration: 8 Mo

Due to:

Due to:

Other Conditions: Chr Myocarditis

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: JS Hardesty M.D.
Address: 4710 Belair Rd. Date signed: July 6/42

T93711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 b

Registered No. T93711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Marylnad (If outside city or town limits, write RURAL and give town)
(d) Street No. 5704 Winner Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife William H Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1875

8. AGE: Years 67 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Elyria Ohio (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William H. Smith
(b) Address 5704 Winner Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director Torrey Byers
(b) Address 5005 Park Heights Avenue

19 (a) [redacted] Huntington Williams, M.D.
Address [redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4/42 19 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26/42 19 to 7/4/42 19,
and that I last saw h.e.r. alive on 7/4/42 19.

Immediate cause of death Cardiac failure
Due to Hypertensive Arteric-Sclerotic Cardio vascular disease
Antecedent Aortic & mitral insufficiency Auricular fibrillation
Other Conditions H. Hydrothorax

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beverly Jr.
Address University Hospital Date signed 7/4/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 S Bernice Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S Bernice Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Joseph DeFontes

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4 Sex	5 Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 1928

8. AGE: Years	Months	Days	If less than one day
13	12	8	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph DeFontes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Madia Ellison
15. Birthplace Md

16 (a) Informant Joseph DeFontes
(b) Address 9 S Bernice Ave

17 (a) Burial (b) Date thereof July 6 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Fallon & Sobelsohn
(b) Address 1217 E Fayette St

19 (a) JUL 6 - 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 4-50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 3 1942, and that I last saw alive on June 30 1942.

Immediate cause of death	Duration
Emaciation.	2 mos
Due to mental deficiency.	since birth
Due to Birth injuries	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Egbert K. Mortensen Jr. M.D.
Address 2706 St Paul Date signed 7/6/42

VS 3

F 93713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 93713

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N. Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Bruce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Nathan Kellum

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-3558

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1913

8. AGE: Years 29 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George T. Kellum

13. Birthplace Balto, Md

MOTHER 14. Maiden Name Edith Oliver

15. Birthplace Baltimore

16 (a) Informant Edith Kellum

(b) Address 46 Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Isaiah L Bowen Sons

(b) Address 1018 W Monty omery St

19 Date received JUL 6 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/1942, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29/1942 to 7/1/1942 and that I last saw him alive on 7/1/1942

Immediate cause of death: Lobar Pneumonia — Duration: 14 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Stewart Kuhns M.D.

Address 456 W. Biddle St Date signed 7/2/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93714 — CERTIFICATE OF DEATH — 122a — F 93714

1. PLACE OF DEATH: West Balto, Gen. Hos — Registered No.

CITY OF BALTIMORE: (No. 3717 Belle ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Nellie V. Boteler — If U. S. Veteran specify WAR

(a) Residence: No. 3717 Belle ave St., 15th Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Soo Lee Nor-26-237

6. DATE OF BIRTH (month, day, year): May 23. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B O O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Milton Boteler

14. BIRTHPLACE (city or town) (State or country): Wash D.C.

MOTHER

15. MAIDEN NAME: Mary V. Speights

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Miss Mary Franke

(Address) 104 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: July 8 19 42

19. UNDERTAKER: John J. Whitelegg & Son

(Address) 1900 Eutaw Place

Huntington Williams M.D. Registrar.

JLB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 2 1942 to July 6, 1942

I last saw her alive on July 6 1942 Death is said to have occurred on the date stated above, at 12 3/4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	6-25-42
due to: Strangulated femoral hernia.	6-25-42
Other contributory causes of importance: Surgical shock	7-5-42

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. V. Tompkins M. D.

(Address) West Balto Gen Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 93715

SNYDER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 93715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Brookfield
(c) Hospital or institution:
Church Home and Infirmary 1315
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Florence A. Snyder

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1867

8. AGE: Years	Months	Days	If less than one day
74	11	4	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name James Henry Snyder
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Kerr
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/42 (month) (day) (year)
(c) Cemetery Greenmount
Location Greenmount Ave & Oliver St

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place Baltimore, Md.

19 (a) 7/6/42 (Date rec'd by registrar) (b) Registrar

VS : 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942, to July 4 1942, and that I last saw her alive on July 1942.

Immediate cause of death Arteriosclerosis, generalized — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Ogle Berry M.D.
Address Church Home & Infirmary Date signed 7/7/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 93716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93716

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4105 E. Glenmore Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4105 E. Glenmore Av

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Barbara R. Link

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Christopher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2- 1873

8. AGE: Years	Months	Days	If less than one day
68	10	1	hr. min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name John Robert

13. Birthplace Balto

MOTHER

14. Maiden Name Catherine Decker

15. Birthplace Balto

16 (a) Informant Christopher Link

(b) Address 4105 E. Glenmore Av.

17 (a) Burial (b) Date thereof 7-6-42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Hirsch

(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JUL 6-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942 at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8 1941 to 7-3 1942 and that I last saw h alive on 7-2 1942

Immediate cause of death Carcinoma of Breast and metastasis — Duration 1 year

Due to

Due to

Other Conditions Chronic myocarditis — 5 years

(Include pregnancy within 3 months of death)

Date of operation 8/23/1941

Major findings of operation: Breast tumor

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature John A Macken

Address 6034 Belair Rd Date signed 7/5/42 M.D.

F 93717 34597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 F 93717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Carter Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3rd, 1910

8. AGE: Years 32 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Jackson
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bl'wy, Bayard

19 JUL 6 1942 (Date Rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1942, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-1942 to 7-4-1942 and that I last saw alive on 7-4-1942

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N.K. Rathbun

Address Balto. City Hosp Date signed 7-6-42 M. D.

F 93718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 93718

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S. Bethel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN HENRY WATTS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1894

8. AGE: Years	Months	Days	If less than one day
48	4	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business N.P.A.

FATHER
12. Name John W. Watts
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Priscilla Cole
15. Birthplace Balto. Md

16 (a) Informant Bertha Watts (Sister)
(b) Address 140 W. 118th St N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cemetery
Location

18 (a) Funeral director Robert L. Young
(b) Address 504 N. Carrollton Ave.

JUL 6 - 1942 (Date rec'd by registrar) Hunting Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2. 1942 at 10 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation ho

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence July 2, 1942 at 1/2 a M
(c) Where did injury occur? 1522 E. Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Shot with revolver - argument

23. Signature H. L. Wolfenmeyer M.D.
Date signed 7-2-42 Medical Examiner.

VS 6

F-93719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. F93719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 688 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Pearl Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/13/1894

8. AGE: Years	Months	Days	If less than one day
48	2	22	hr. min.

9. Birthplace Athens, Ga.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Pearl Anderson
(b) Address 688 W. Mulberry St.

17 (a) Burial (b) Date thereof 7 9 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 716 Pedmont Ave

19 (a) JUL 6 - 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942, at 4.20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Hypertensive Cardio-vascular renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7/5/42.

F 93720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 Gorsuch avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Gorsuch avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN D. HOULETTE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Florence Houlette
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1898

8. AGE: Years	Months	Days	If less than one day
43	7	20	hr. min.

9. Birthplace New Castle, Penna. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Houlette
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Florence Houlette
(b) Address 811 Gorsuch avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 W. Mt. Royal Ave

19 JUL 6 - 1942 (Date rec'd by Registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 42 at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 42 to July 5 19 42 and that I last saw him alive on July 5 19 42.

Immediate cause of death	Duration
Coronary Thrombosis	30 minutes
Due to Coronary Sclerosis	3 mo.
Due to Arteriosclerotic Cardio-Vascular Renal	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Tejunmills
Address Medical Arts Bldg Date signed 7/6/42

VS 3

F 93721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 93721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6602 Marne Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6602 Marne Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE MUSZANOWSKI (MUSCHANOWSKY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1893

8. AGE: Years	Months	Days	If less than one day
48	11	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Michael Muszanowski

13. Birthplace Poland

MOTHER 14. Maiden Name Anna Kaczmarowska

15. Birthplace Poland

16 (a) Informant Mrs. Victoria Buzgierska

(b) Address 6602 Marne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski

(b) Address 2848 Eastern Ave

19 (a) [illegible] (b) [illegible] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1942 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1942 to July 4, 1942 and that I last saw h[illegible] alive on July 3, 1942.

	Duration
Immediate cause of death Cerebral Apoplexy	4 days
Due to Chronic Hypertension &	Several
Due to Arteriosclerosis	years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Troger M. D.

Address 2667 Eastern Ave Date signed 7/4/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 W. Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MOLLIE E. NOONAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Archie Noonan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 17, 1872

8. AGE: Years	Months	Days	If less than one day
69	1	19	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John T. Flippen
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Gravely
15. Birthplace Virginia

16 (a) Informant Mary E. Lord
(b) Address 931 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Dulaney Ave

18 (a) Funeral director Geo. Cowan
(b) Address 901 Hollins St

19 (a) JUL 6 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions Ha	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallammeber M.D.
Medical Examiner.
Date signed 7-6-42

VS 6

F 93723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93723 Registered No. 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6/30
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Mc Nicholas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret King
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	24	hr. min.

9. Birthplace Ireland.
(City, county, and state)
10. Usual Occupation Retired
11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas Mc Nicholas
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Padden
15. Birthplace Ireland

16 (a) Informant Mrs Margaret King
(b) Address 3306 E. Baltimore St.

17 (a) Burial (b) Date thereof 7/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Leonard & Son
(b) Address 921 Wilkens Ave Hunting Williams

19 (a) JUL 6 [redacted]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942 at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to July 4 1942; and that I last saw h[illegible] alive on July 3 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Nature of injury
23. Signature H. D. Flynn
Address 421 E. Fort Ave Date signed 7-6-42 M. D.

VS 3

F 93724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46g

Registered No.

F 93724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nellie Mayers.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1888

8. AGE: Years	Months	Days	If less than one day
54	6	20	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Archie Mayers
13. Birthplace Md

MOTHER
14. Maiden Name Kate Mayers
15. Birthplace Md

16 (a) Informant Beula Mayers
(b) Address 942 Greenmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 6 42 (month) (day) (year)
(c) Cemetery or crematory St Catherines
Location Balto. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 42 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 19 42 to July 5 19 42 and that I last saw h alive on July 5 19 42

Immediate cause of death: Myocardial insufficiency — Duration

Due to: Ca. Fund of uterus

Due to: Interstitial obstruction.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 2 1942

Major findings of operation: Ca. Fund of uterus

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Joseph M. D.
Address St Joseph Hosp Date signed 7/6/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 F 93725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Baby Curtis (Birth F 5243)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 7-3-42

8. AGE: Years	Months	Days	If less than one day
			½ hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Charles Curtis
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida Parker
15. Birthplace Maryland

16 (a) Informant mother
(b) Address 1713 Edmondson Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Location JOHN HOPKINS MEDICAL SCHOOL JUL 6 - 1942 Commissioner of Health

18 (a) Funeral director
(b) Address
19 JUL 6 1942 Attest: Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1942, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1942 to 7-3 1942 and that I last saw h[illegible] alive on 7-3 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature J. Franklin Phillips M. D.
Address 1543 Penna Ave Date signed 7/4/42

VS 3

9217

F 93726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a W 93726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 W 37th st
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha M. List

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George W. List

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) aug 23, 1874

8. AGE: Years 57 | Months 10 | Days 11 | If less than one day: hr. min.

9. Birthplace Mt. Savage Md (Town, County, and State)

10. Usual Occupation housewife

11. Industry or business —

FATHER
12. Name John Lilly
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah C. Schenefelt
15. Birthplace Maryland

16 (a) Informant George W. List
(b) Address 900 W. 37th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) JUL 6 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 4 1942 and that I last saw h[illegible] alive on July 4 1942

Immediate cause of death esophageal hemorrhage — Duration 12 hrs.

Due to Carcinoma of esophagus — 1 mo?

Due to

Other Conditions mild hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. P. Donnison M. D.
Address Calvert & Saratoga Date signed 7-4-42

VS 8

93727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4659 PARK HEIGHT AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4659 PARK HEIGHT AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CECELIA C. JAMISON.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19 1862

8. AGE: Years	Months	Days	If less than one day
79	8	17	hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Wm. Douglas Jamison
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Elenor Croxall
15. Birthplace Frederick, Md.

16 (a) Informant Edward J Macatee
(b) Address Seven Mile Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) [illegible] 6 1942 Hennighan Funeral Home
(Date received by Registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 6 1942. 19 at 1. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 24 19 42 to JULY 6 19 42 and that I last saw her alive on JULY 5 19 42.

Immediate cause of death	Duration
CARDIAC DILITATION JUNE 6 1942.	
CHRONIC MYOCARDITIS	6/24/42
Due to	
ARTERIOR SCLEROSIS	6/24/42
Due to	
Other Conditions NONE	

(Include pregnancy within 3 months of death)

Date of operation NO

Major findings of operation:

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Macatee M. D.
Address 3013 ST PAUL STREET Date signed 7/6/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 93728

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL IVAN McFARLAND

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-10-3057

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Margaret Fulton

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) May 25, 1910

8. AGE: Years 32 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Rock Hill, South Carolina (Town, county, and state)

10. Usual Occupation Paper Hanger + painter

11. Industry or business own business

FATHER
12. Name Andrew McFarland
13. Birthplace Rock Hill S.C.

MOTHER
14. Maiden Name Margaret Taylor
15. Birthplace Rock Hill S.C.

16 (a) Informant Wife Margaret McFarland
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) JUL 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1942 at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Bullet wound of chest. — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence July 3, 1942 at 3 P.M.
(c) Where did injury occur? Hoffman St. & Druid (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? alley (Specify type of place) While at work? No
(e) Means of injury Revolver - argument

23. Signature H. Z. Williams Jr. M.D. Medical Examiner.

Date signed 7-3-42

VS 6

JL- 74842

93729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93729 Registered No. 107

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1119 W. Saratoga St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Edward Calhoun MAYRIEF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Widowed

6 (b) Name of husband or wife Ida (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1867

8. AGE: Years	Months	Days	If less than one day
75	4	19	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER

12. Name Patrick Calhoun

13. Birthplace West Indies

MOTHER

14. Maiden Name Dina

15. Birthplace S. C.

16 (a) Informant B. C. Hospital Records.

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 327 N. Schroeder St

19 (a) JUL 6 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 5:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1942 to July 3 1942 and that I last saw him alive on July 31 1942.

Immediate cause of death: Bronchopneumonia — Duration 3 days

Due to: B.P.H. — 2 yrs

Due to: Benign prostatic hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

B. Signature Louis Vogel, Jr. M. D.

Address City Hospitals Date signed 7-3-42

VS 3

93730
417091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 B

Registered No. 93230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 E. Hamberg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John Joseph Friedel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-42

8. AGE: Years	Months	Days	If less than one day
	1	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Peter Friedel
13. Birthplace Md.

MOTHER
14. Maiden Name Angelene Pizzmara
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Berman Hill Rd.

18 (a) Funeral director John H Connelly
(b) Address 44 E Eastern Ave

(Date rec'd by Registrar) 7/6 1942 Registrar Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 6 1942 and that I last saw him alive on July 6 1942

Immediate cause of death	Duration
Staphylococcus meningitis	
Due to following operation for meningocoele	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation June 4 42
Major findings of operation: Meningocoele
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Date signed 7/6/42

V8 3

F 93731 52518 52519 BALTIMORE CITY HEALTH DEPARTMENT 128 F 93731

CERTIFICATE OF DEATH

Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Fallston
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Amoss

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Willard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1904

8. AGE: Years	Months	Days	If less than one day
37	1 10	13 12	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Geo. H. Pitzer
13. Birthplace W. Va.

MOTHER
14. Maiden Name Gertrude Spike
15. Birthplace W. Va.

16 (a) Informant Mrs. Willard Amoss
(b) Address Fallston Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location Fallston Md.

18 (a) Funeral director Harkins & Good
(b) Address Bensalem Pa.

19 (a) 7-6-1942 (Date rec'd by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 7/6 1942, and that I last saw her alive on 7/6 1942

Immediate cause of death	Duration
Acute hemorrhagic pancreatitis	1 day
Due to	
Due to	
Other Conditions Delivered twins	over

7/5/42 (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: acute pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J N Crane M.D.
Address St. Agnes Hosp. Date signed 7/6/42

VS 3

F 93732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

F 93732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2172 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2172 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John George Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-05-3433

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 - 1881

8. AGE: Years	Months	Days	If less than one day
61	2	14	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Machinist Helper
11. Industry or business B. & O. R.R.

FATHER
12. Name Christian Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Baynes
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Gross
(b) Address 2172 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 - 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 2106 Pennsylvania Ave

19 JUL 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 4 1942 and that I last saw h[illegible] alive on July 4 1942

Immediate cause of death

	Duration
(a) Cerebral Hemorrhage	3 hrs
(b) Coronary Thrombosis	1 hr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 521 Cathedral St. Date signed 7/5/42

F 93733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93733 Registered No. 100207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave.
(c) Hospital or institution: ST. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 855½ W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Jacob Ola

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-9443

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1879

8. AGE: Years 63 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Jacob Ola sr.
13. Birthplace Latvia

MOTHER
14. Maiden Name Unknown
15. Birthplace Latvia

16 (a) Informant
(b) Address 855½ W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Frederick J. Cole
(b) Address 1 W Lombard St

19 (a) (b) Huntington Williams M.D.

JUL 7 1942

JUL 6 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1942, at 10:35 P M

21. I certify that death occurred on the date above stated that I attended deceased from June 21 1942 to July 3 1942 and that I last saw him alive on July 3 1942.

Immediate cause of death: Cardiac failure

Due to: Peptic ulcer (Hemorrhaging)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Lovekey M.D.
Address St. Agnes Hosp. Date signed 7/3/42

F 93734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

F 93734

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3513 FOURTH
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 FOURTH St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT Joseph BENSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-5343

4. Sex: MALE

5. Color or race: White.

6 (a) Single, married, widowed, or divorced: WIDOWER.

6 (b) Name of husband or wife: ANNIE F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1892

8. AGE: Years 49 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation INSpector.

11. Industry or business LOCKE INSULATOR Co.

FATHER
12. Name WILLIAM O. BENSON
13. Birthplace Prince George Co. MD

MOTHER
14. Maiden Name CARRIE F. Burthold.
15. Birthplace BALTIMORE, MD.

16 (a) Informant Louis BENSON
(b) Address 406 CENTRAL AVE GLEN BURNIE

17 (a) BURIAL (b) Date thereof July 9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location Baltimore 226 md

18 (a) Funeral director Maguire J. Flynn
(b) Address 1422 Light St

19 (a) July 7 1942 (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 9:20 P. M

21. I certify that death occurred on the date above-stated; that I attended deceased from June 23 1942 to July 5 1942, and that I last saw h alive on July 5 1942

Immediate cause of death: Pulmonary T. B. — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. V. Wheeler M. D.
Address 1279 Fulton Ave Date signed 7/6/42

VS 8

413232

F 93735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114d

F 93735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Aisquith (If rural give location)
(f) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louise

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 17 91

8. AGE: Years 51 | Months 2 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Andrew Brown
13. Birthplace Va

MOTHER 14. Maiden Name Mary Moore
15. Birthplace Va

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Joseph G. Locke, Jr.
(b) Address 1302 N. Central Ave.

19 (a) JUL 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942, at 940 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 19 1942 to July 5 1942 and that I last saw him alive on July 5 1942.

Immediate cause of death METASTATIC ABSCESSES TO SPLEEN PANCREAS & BRAIN? — Duration
Due to LUNG ABSCESS
Due to
Other Conditions CARDIAC DILATATION, PULMONARY EDEMA (Include pregnancy within 3 months of death)

Date of operation 5/20/42
Major findings of operation: LUNG ABSCESS
of autopsy: METASTATIC ABSCESSES

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Longcope, M.D.
Address Johns Hopkins Hosp. Date signed 7/6/42 M.D.

VS 3

F 93736 MER 74923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 93736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora B. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married~~ widowed, ~~or~~ divorced ~~(write word)~~

6 (b) Name of husband or wife Edward Mitchell (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1870

8. AGE: Years 72 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph King Bramble (d)
13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca ~~Snoop~~ Snoop (d)
15. Birthplace MD.

16 (a) Informant B. C. H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8. 1947 (month) (day) (year)
(c) Cemetery or crematory East New Market
Location Dorchester Co. Md.

18 (a) Funeral director H. B. Kellaughby
(b) Address East New Market

19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

JDF VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1947, at 6 0/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1947, to 7-6 1947, and that I last saw h~~e~~r alive on 7-6 1947.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to Ca

Due to

Other Conditions Cerebral arteriosclerosis — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Kellaughby M.D.
Address Balto City Hosp Date signed 7-7-47

Important: Physicians: please write the causes of death clearly and legibly.

F 93737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 93737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 George Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Scott

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Greenbury Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Day
15. Birthplace Md

16 (a) Informant Mrs Bertina Ray
(b) Address 827 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) JUL 7 - 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1942, at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hemorrhage	
Due to: Severed Internal carotid artery & jugular artery.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-4-42 at 2:45 P.M.
(c) Where did injury occur? Argyle Ave & Hoffman St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Shot with instrument

23. Signature Howard J. Uhlendorf M.D. Medical Examiner.
Date signed 7-5-42

VS 6

F 93738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Argonne Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Argonne Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Brown,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sadie W. Brown,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1857

8. AGE: Years	Months	Days	If less than one day
85	5	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Motorman
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Benjamin F. Brown,
13. Birthplace Md.

MOTHER
14. Maiden Name Cassandra Robertson,
15. Birthplace Md.

16 (a) Informant Mrs Mary B. Shenton,
(b) Address 1007 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 3709 Edmondson Ave

19 JUL 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to July 6 1942 and that I last saw him alive on July 6 1942

Immediate cause of death Myocarditis — Duration 1 Month

Due to

Due to

Other Conditions low grade diabetes — Duration several years

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Eugene Covington M.D.
Address 3301 N. Charles St. Baltimore Date signed 7-6-42

VS 3

F 93739 (Corr) F 93739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 NN Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 McCulloh
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 McCulloh (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Bentley Birth F #3698

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

Feb. 16 1941 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1941

8. AGE: Years	Months	Days	If less than one day
1	6	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Bentley
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sarah Berman
15. Birthplace Balto Md

16 (a) Informant Mary Berman
(b) Address 1700 McCulloh

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Douglas Habkirk
(b) Address 2107 Druid Hill Ave

19 (a) JUL 7 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/41 19 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10/41 to 7/6/41, and that I last saw h alive on 19

Immediate cause of death 7/4/41 Duration
Streptococcus Throat Infection
Due to
Due to
Other Conditions Marasmus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adrian Ellis M. D.
Address 1st Mechanic Date signed 7/7/41

VS 1

Please write the causes of death clearly and legibly.

F 93740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119 a F 93740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1044 Penna. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawerence M. Perry (Birth F-36818)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/4/41

8. AGE: Years | Months 9 | Days - | If less than one day hr. min.

9. Birthplace Balto. md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Quincy Terry

13. Birthplace N Carolina

MOTHER 14. Maiden Name Dorothy Mae Goines

15. Birthplace md.

16 (a) Informant Dorothy Terry

(b) Address 1044 Penna. Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-7-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Hatfield

(b) Address

19 (a) JUL 7 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1942, at 11:22 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to not his death on the day stated above.

Immediate cause of death: Infectious Diarrhea Dehydration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.

Date signed 7/5/42.

VS 6

F 93741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

F 93741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1895

8. AGE: Years 46 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Edward Davis

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Eliza Bunger

15. Birthplace Baltimore, Md.

16 (a) Informant Edward Davis

(b) Address 611 Madeira Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem. Co.

Location A.A. County

18 (a) Funeral director Mrs. R.A. Clift & Daughter

(b) Address 1129 N. Caroline St.

19 JUL 7 1942 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. W. Gilmore Jr. M.D. Medical Examiner.

Date signed 7-5-42

VS 6

417786 F 93742

BALTIMORE CITY HEALTH DEPARTMENT 7/40b F 93742
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balte
(c) City or town Chase
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 2-22-09

8. AGE: Years	Months	Days	If less than one day
33	4	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name William Cornish
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Travers
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1942 (month) (day) (year)
(c) Cemetery or crematory Sharp Street Cemetery
Location Chase Md.

18 (a) Funeral director Mrs. Robert J. Elliott & Daughter
(b) Address 1129 N. Caroline Street

19 JUL 7 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 400 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942 to July 6 1942 and that I last saw h.e.r alive on July 6 1942.

	Duration
Immediate cause of death Pulmonary Edema	
Adhesive pericarditis	36 hours
Due to Peritonitis, Generalized	2 days
Due to Post-operative Hysterectomy	15 days
Other Conditions Pregnancy	24 wks.
Chronic Hypertensive Disease	

(Include pregnancy within 3 months of death)

Date of operation 6-22-42
Major findings of operation: Pregnancy
of autopsy Pericarditis, Peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas J. Eastman M.D.
Address Johns Hopkins Hosp. Date signed 7-6-42

VS 2

F 93743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93743 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 N. Fuzzmore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 N. Fuzzmore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. D. Boone

3 (b) If veteran, name war
3 (c) Social Security Account No.

4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cath. Boone
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 1-1864

8. AGE: Years 77 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name John H. D. Boone
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Cath. Daly
15. Birthplace New York

16 (a) Informant Cath. Boone
(b) Address 1111 N. Fuzzmore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John A. Mahan
(b) Address 300 E. Balto. St.

19 (a) Huntington Williams, M.D. JUL 7 - 1942 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 - 1942, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 40 to July 5 1942, and that I last saw [illegible] alive on July 4 1942.

Immediate cause of death — Duration
Cardiac Insufficiency. ?
Due to
Due to Arteriosclerosis 2
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Cohen M.D.
Address 1761 E Mt. St. Date signed 7/5/42

VS 8

F 93744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a Registered No. F 93744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Roland Ave
(c) Hospital or institution Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) don't know

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 N Charles St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Wilbraham Truitt

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Chas. B. Truitt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1874

8. AGE: Years	Months	Days	If less than one day
Abt 68	-	-	— hr. — min.

9. Birthplace Could not ascertain (Town, county, and state)
10. Usual Occupation Operator rooming house
11. Industry or business —

FATHER
12. Name Could not ascertain
13. Birthplace Could not ascertain

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace Could not ascertain

16 (a) Informant Mrs Nell M. Klink (friend)
(b) Address 224-E-20-St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location New York City

18 (a) Funeral director Sherwood Mowen Co.
(b) Address 108 W North Ave.

19 (a) July 7 — 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1942 to — 19—, and that I last saw h alive on July 5 1942

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to Arteriosclerosis — 1 yrs
Due to Chronic Nephritis — 2 yrs
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature H. S. Gray
Address 6 W. Madison Date signed 7/8/42

VS 2

Physicians are especially important. Physicians: please write the cause of death clearly and legibly.

F 93745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 93745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 Hollins Ferry Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Telles

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-21-38

8. AGE: Years	Months	Days	If less than one day
4	5	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Benjamin Telles
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Linek
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)
(c) Cemetery or crematory Westview Circle
Location Rt. Canal
18 (a) Funeral director Clark Sons Inc
(b) Address 1439 E. Balto St.
19 (a) JUL 7 - 1942 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1942, at 11 55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence 7-6-42 at 11.30 A M
(c) Where did injury occur? Lake Laird Pond
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Found drowned

23. Signature Howard L. Wheeler M.D.
Medical Examiner.
Date signed 7-6-42

VS 6

Over

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly.

Spec.-7-17-36—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93746

CERTIFICATE OF DEATH

✓159 F 93746

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1340 S. Charles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Chaves 14-1

(a) RESIDENCE NO. 1526 Park Ave St. Ward Birth F-5744

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced— HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER William Chaves

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hope Knapp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Chambersburg Pa.

14 Informant Hosp. Records.

(Address)

15 Filed JUL 7 - 1942 19

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5 1942

17

I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw h. liv. alive on 7/5 19 42

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia livida.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Thos. E. Mandy M. D.

7/7 . 1942 (Address) med. arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burial - Loudon Park Cem. Date of Burial 7/7 19 42

20 UNDERTAKER Jas. Lewis Lee ADDRESS 1432 E. Balto

OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY in every case where it is currently supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

93747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 93747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Woodbourne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hyman (Birth F- 52643)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5-1942

8. AGE: Years | Months | Days | If less than one day 17 hrs min.

9. Birthplace [illegible] (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John L. Hyman

13. Birthplace Md.

MOTHER 14. Maiden Name Genevee Judge

15. Birthplace Md.

16 (a) Informant A. F. Judge

(b) Address 730 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/42 (month) (day) (year)

(c) Cemetery or crematory St Mary's

Location Govans Balto Md

18 (a) Funeral director George A. Farley

(b) Address Fulton & Fayette

19 (a) Date received JUL 7 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1942, at 5.22 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1942, to 7-6 1942 and that I last saw h[illegible] alive on 7-6 1942

Immediate cause of death Atelectasis — Duration 12 hrs

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Jaggard M. D.

Address Mercy Hospital Date signed 7-6-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48b

F 93748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 W. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Laura M. Gettier

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Edward S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1877

8. AGE: Years: 64 | Months: 11 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: William Hoffman
13. Birthplace: unknown

MOTHER
14. Maiden Name: Elizabeth Buckingham
15. Birthplace: Manchester, Md.

16 (a) Informant: Edward S. Gettier
(b) Address: 2201 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd., Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto., Md.

19 (a) 7-1942 (Date received by registrar) (b) [illegible] for Wm. J. Tickner, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1942, at 3:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10/1942 to 7/5/1942, and that I last saw h[illegible] alive on 7/5 1942.

Immediate cause of death: Heart Failure — Duration:

Due to: Generalized carcinomatosis probably primary in uterus

Due to: or stomach

Other Conditions: Hypp. C.V.D.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 6/17/42 - as above

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thomas J. Lusby M.D.
Address: Md. Gen. Hosp. Date signed: 7/5/42

F 93749 BALTIMORE CITY HEALTH DEPARTMENT 13 6 F 93749
CERTIFICATE OF DEATH
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Don Seavers Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (Or foreign country) County
(b) City or town Balto (If outside city or town limits, write RURAL and give town)
(c) Street No. 1918 Wilkens Ave. (If rural give location)
(d) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mr Jacob Schroeder.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/63

8. AGE: Years	Months	Days	If less than one day
79	6	2	hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name —
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth A. Woods
15. Birthplace Md.

16 (a) Informant Miss Annie M. Schroeder
(b) Address 1918 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address 1942 North & Pa. Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/42 19 11:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1942 to 7/5 1942 and that I last saw him alive on 7/5 1942

Immediate cause of death: Tuberculous Pericarditis — Duration 3 wks.
Due to Chronic fibroid T.B. (Pulmonary)
Due to
Other Conditions Hibri Vatia Arteriosclerotic C.V. dis. Auricular
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Koenig M.D.
Address Don Seavers Hosp Date signed 7/5/42

JUL 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93750 ✓ F 93750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95e Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5814 Benton Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5814 Benton Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES O. HOSSBACH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Male	white	married

6 (b) Name of husband or wife Eleanora Hossbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/29/1859

8. AGE: Years	Months	Days	If less than one day
82	9	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Automobile Business
11. Industry or business retired 10 years

FATHER
12. Name Philip Hossbach
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kauderer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Eleanora Hossbach
(b) Address 5814 Benton Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUL 7 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942 at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1939 to July 6 1942 and that I last saw he said alive on July 5 1942

Immediate cause of death: Cardiac Decompensation (Arteriosclerosis) — Duration 1942 July 4
Due to
Due to
Other Conditions: Left Hemiplegia (Thrombosis) — July 6 1939
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Green, M.D.
Address 3009 Eutaw Place Date signed 7/7/42
Baltimore, Maryland

Please write plainly in ink or indelible pencil. Physicians: please write the causes of death clearly and legibly.

F 93751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

F 93751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel R. King

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-14-1312

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frances King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1905

8. AGE: Years 37 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Teller

11. Industry or business Bank

FATHER
12. Name John F. King
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary McCombs
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Frances King,
(b) Address 1531 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 JUL 7 - 1942 (Date rec'd by registrar) (b) Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1942, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1942 to 7-5 1942 and that I last saw alive on 7-4 1942

Immediate cause of death Intestinal obstruction.

Due to Generalized peritonitis

Due to Perforated appendix Gall bladder -

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Same as above.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lupis M. D.

Address St. Joseph's Hosp. Date signed 7/5/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Presstman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Mayo
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES CLARENCE PARKS, SR.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-18-0067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1881

8. AGE: Years	Months	Days	If less than one day
61	0	2	hr. min.

9. Birthplace Oriole, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business General Merchandise

FATHER
12. Name Edward Parks
13. Birthplace Md.

MOTHER
14. Maiden Name Miranda Townsend
15. Birthplace Md.

16 (a) Informant Mrs Mae Parks
(b) Address 3213 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

7-1942 (Date) (Registrar) (b) Lucy Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1942, at 11:00 am

21. I certify that death occurred on the date above stated; that I attended deceased from July 3rd 1942 to July 5 1942 and that I last saw him alive on July 5 1942.

Immediate cause of death: (a) Coronary Thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: No.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Thornburg M. D.
Address 410 E. Liberty St. Date signed 7/7/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 V Registered No. F 93753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution Cold Spring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 376 S. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma C. Pitcham

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 8-1873

8. AGE: Years 68 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George B. Pitcham

13. Birthplace England

MOTHER 14. Maiden Name Sarah J. Brand

15. Birthplace Baltimore Md

16 (a) Informant Pott & L. Mass

(b) Address 333 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.

Location Balto City

18 (a) Funeral director Pott & B. M. Walter

(b) Address Pratt & Stricker Sts

19 (a) JUL 7 1942 (rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 6 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 5 1942, and that I last saw h-er alive on July 5 1942.

Immediate cause of death cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Cutterman M. D.

Address 2324 Reisterstown Rd Date signed 7/6/42

VS 3

Every item of information should be carefully supplied; WRITE UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93754 ✓ F 93754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

Every item of information should be carefully supplied; WRITE UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 Webster St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315. Webster St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Ruff.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife John E. Ruff.

6 (c) If alive, give age 64. years

7. Birth date of deceased (mo., day, yr.) Nov 29 - 1881

8. AGE: Years 60 | Months 8 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER
12. Name William. Hopper.
13. Birthplace Pinkney.

MOTHER
14. Maiden Name Mary. Kavanaugh.
15. Birthplace Pinkney.

16 (a) Informant John E. Ruff.
(b) Address 1315. Webster St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Annapolis Rd

18 (a) Funeral director Geo. E. Colmar
(b) Address Holland & Gilmore

19 (a) JUL 7 - 1942 (Date rec'd by registrar) (b) Registered by Wm. [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 6 1942 and that I last saw her alive on July 6 1942.

Immediate cause of death	Duration
(a) Coronary Thrombosis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Williams M.D.
Address 1279 Williams St Date signed 7/9/42

VS 8

F 93755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 93755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 WINTERLING COURT (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. George Griebel

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 218-05-5027

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY GRIEBEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JAN. 24 1879

8. AGE: Years 63 Months 5 Days 12 If less than one day hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: STA. ENIGNEER

11. Industry or business: FOSTER DYE WORKS

FATHER
12. Name: BERNARD GRIEBEL
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MARY LOTTES
15. Birthplace: PENNA.

16 (a) Informant: MARY GRIEBEL (WIFE)
(b) Address: 2219 WINTERLING COURT.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 9. 42 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD.

18 (a) Funeral director: Lilly-Zeller INC.
(b) Address: 403 S. WOLFE ST.

19 (a) 7 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 5.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 6 1942, and that I last saw him alive on July 6 1942.

Immediate cause of death: Congestive Heart Failure — Duration: Several years

Due to: Arteriosclerotic Heart Disease.

Due to:

Other Conditions: Aneurysm of Abdominal Aorta.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuelling

Address: St. Joseph's Hosp. Date signed: 7-6-42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 93756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 S. DREW ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 S. DREW ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES M. BROWN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-10-4368

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: KATHERINE E. BROWN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 25 1877

8. AGE: Years 64 | Months 11 | Days 6 11 | If less than one day hr. min.

9. Birthplace VA.
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business STANDARD OIL CO.

FATHER
12. Name SAMUEL BROWN
13. Birthplace VA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace VA.

16 (a) Informant ANNA K. CHRIST (DAUGHTER)
(b) Address 425 S. DREW ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8/42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. WOLFE ST.

19 JUL 11 '42 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 6 1942, at 5/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 - 1942, to July 6 - 1942, and that I last saw h[illegible] alive on July 4 1942

Immediate cause of death	Duration
Myocarditis	1939
Arteriosclerosis	1939
Due to Hypertension	1939
Chr. Nephritis	1939
Due to Pulmonary Oedema July 1 -	1942
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Abram D. Abrahamson M.D.
Address 3505 Fort Ave Date signed 7/6/42

VS 3

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1256 F 93757 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 944 S. CLINTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Guntner, Mary

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	WIDOW

6 (b) Name of husband or wife J. ANTON GUNTNER.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 24 1885

8. AGE: Years	Months	Days	If less than one day
57	0	10	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE HELGERT
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant ROSE GUNTNER (DAUGHTER)
(b) Address 944 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Feller INC.
(b) Address 403 S. MOUNT ST.

19 JUL 7 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1942, at 7.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1942 to 7-4- 1942 and that I last saw her alive on 7-4- 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Acute hepatitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Stein M. D.
Address South Balto. Gen. Hospital Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d ✓ Registered No. F 93758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6111 Ridgewood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Coyne Triplett

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-8572

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Clarence Triplett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-8-1891

8. AGE: Years	Months	Days	If less than one day
50	8	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Typist
11. Industry or business

FATHER
12. Name John J. Coyne
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura J. Hitchcock
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Elinor Ewing
(b) Address 6111 Ridgewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Mary M. Heidefeld
(b) Address 547 E. 22nd St.

19 (a) (Date rec'd by registrar) JUL 7 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1942 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5-1942 to 7-5-1942 and that I last saw her alive on 7-5-1942

Immediate cause of death	Duration
Cerebrovascular Accident	
Due to Hypertensive Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Davis, Jr.
Address Mercy Hospital Date signed 7/5/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 ✓ Registered No. 93759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Hahn. (Birth F. 50628)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Franklin Sq. Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Paul Revere Hahn
13. Birthplace Frederick, Md.

MOTHER 14. Maiden Name Abbie Elizabeth Cof
15. Birthplace Balto Md.

16 (a) Informant Mrs. Paul Hahn
(b) Address 1428 N. Bond St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 7 - 1942 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUL 7- 1942 (Date rec'd by registrar) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1942 at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death
Prematurity
Due to Premature Labor
Due to
Other Conditions Placenta Previa
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira N. Miller
Address 222 E. Eutaw Pl. Date signed 6/4/42

V2 : 9218

The cause of death is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully

F 93760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM J. BUSCHMILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Loretta

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore County, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Henry Buschmiller
13. Birthplace Germany

MOTHER
14. Maiden Name Elizbeth Unknown
15. Birthplace Germany

16 (a) Informant Joseph Buschmiller
(b) Address Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave. Balto. Md.

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville Md.

19 (a) [illegible] (b) [illegible]
(Date received by state registrar)
JUL 7 1942
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 1 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Alcoholism — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Asst Medical Examiner.
Date signed 7-6-42

Especially important. Physicians: please write the causes of death clearly and legibly.

F 93761 ✓ F 93761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81 a

Registered No.

Every item of information should be carefully supplied, with CARBON INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 8da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS MORRIS DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura A. Gauline
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 27, 1886

8. AGE: Years	Months	Days	If less than one day
55	11	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name William J. Davis
13. Birthplace Cardiff, Wales

MOTHER
14. Maiden Name Mary Wheeling
15. Birthplace Dublin, Ireland

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 545 Harford Rd

19 (a) [illegible] (b) Huntington Williamsport, Md.

Reg'd rec'd JUL 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27, 1942 to July 5, 1942, and that I last saw him alive on July 5, 1942

Immediate cause of death Pneumococcus meningitis — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/29/42
Major findings of operation: Excision of lipoma of neck
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. M. H. an dunn, M. D.
Address US Marine Hospital Baltimore, Maryla d. Date signed 8/6/42

F 93762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93762 ✓ 83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hosp
(b) Street address 701 Cathedral St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Cathedral St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Ridgley P. Gaither Marguerite Pattison Gaither

3 (b) If veteran, name of war —

(c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Ridgley Gaither

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 7 1885

8. AGE: Years 56 | Months 7 6 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Lewis Everard K. Pattison
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Emily Frances Post
15. Birthplace Charleston S.C.

16 (a) Informant Mrs Chas N. Larned
(b) Address 327 Park Ave

17 (a) Burial (b) Date thereof July 8 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry Wenkens Sons Co
(b) Address McCulloh & Orchard Sts

19 JUL 7 1942 Huntington Williams MD
Date rec'd by Local Reg. Signature of Local Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942 at 1-30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to July 6 1942 and that I last saw h[illegible] alive on July 6 1942

Immediate cause of death Cerebral Hemorrhage — Duration 3-4 hrs

Due to Arterio Sclerosis Hypertension — Duration Prolonged

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury —

23. Signature W H Moody
Address 1403 Park Ave Date signed 7/7/42

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 93763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Goodwood Gardens
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Willard

3 (b) If veteran, name war: WORLD WAR I
3 (c) Social Security Account No. 705-12-1485

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Daniel Willard (Bertha Elkins)
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1861

8. AGE: Years 81 | Months 5 | Days 8 | If less than one day: hr. min.

9. Birthplace North Hartland Vt
(Town, county, and state)

10. Usual Occupation President B+O RR

11. Industry or business Retired

FATHER
12. Name James Willard
13. Birthplace unknown

MOTHER
14. Maiden Name Daniels
15. Birthplace Newport Vt

16 (a) Informant Harold Willard
(b) Address 206 Goodwood Gardens

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 8 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Eutaw Sts

19 (a) Filed July 7 1942 (b) Registered by Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942 to July 6 1942 and that I last saw h alive on July 6 1942.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis Jenkins

Address Union Memorial Hosp Date signed 7/6/42 M. D.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITING OR PRINTING IN INDELIBLE INK.

93764

BALTIMORE CITY HEALTH DEPARTMENT X F 93764 Registered No.

CERTIFICATE OF DEATH 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 363 Nikalson Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Bodenburg

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25-1891

8. AGE: Years 50 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Co.
(Town, county and state)

10. Usual Occupation Hustler

11. Industry or business Produce Business

FATHER
12. Name Chas. Bodenburg.
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Maier
15. Birthplace Balto.

16 (a) Informant Mrs Gladys Turbyton
(b) Address 363 Nicholson Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-42 (month) (day) (year)

(c) Cemetery or crematory Morelands
Location Taylor Ave.

18 (a) Funeral director John S. Connelly
(b) Address 418 Carlton Ave. Essex

19 JUL 7-1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1942 at 3.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1942 to 7-6 1942

and that I last saw h alive on 7-6 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hrs
Due to	
Due to Hypertensive C-V Disease	1-2 yrs
Other Conditions Emphysema of Lungs	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as Stated above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. H. Turnbaugh M.D.
Address Sinai Hospital Date signed 7/6/42

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly. Every item of information should be carefully supplied, WITH UNFADING INK.

93765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 93765
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 The Alameda
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2738 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence E. Donaldson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex
5. Color or race
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Randolph Donaldson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1870

8. AGE: Years 71 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

MOTHER / FATHER
12. Name John W. Bosley
13. Birthplace Md
14. Maiden Name S. Stansbury
15. Birthplace Md.

16 (a) Informant Randolph Donaldson
(b) Address 2738 Huntingdon Ave

17 (a) Burial (b) Date thereof 7 8 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

19 (a) JUL 8 1942 (b) Huntington Williams, M.D.
Date rec'd for registration Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940, to July 1942.
and that I last saw h[illegible] alive on July 5th, 1942.

Immediate cause of death	Duration
Congestive Heart failure	
Due to Hypertensive Cardio-vascular-renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. L. Flaxman M. D.
Address 4037 Falls Rd. Date signed 7/7/42

93765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3540 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3540 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amos T. Hare.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-16-7113

4. Sex: Male.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Mattie J. Hare.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1862

8. AGE: Years 79 | Months | Days | If less than one day: hr. min.

9. Birthplace Beckleysville Balto. Co.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Phillip Hare.
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle Alban.
15. Birthplace Md.

16 (a) Informant Clarence Hare.
(b) Address 3540 Roland Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

19 (a) JUL 8 1942 Huntington W. Va. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH July 6, 1942, at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to July 6 1942; and that I last saw [illegible] alive on July 6th 1942.

	Duration
Immediate cause of death Acute Cardiac Dilatation	
Due to Chronic nephritis. Chronic prostatitis. Pyorrhoea. Chronic Cystitis —	
Due to Arteriosclerosis. Incised gunshot wound of neck. Arteriosclerosis. Hypertrophy.	
Other Conditions Senile dementia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Kelly M.D.
Address 36 W. Fayette St. Date signed 7/7/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 H C

F 93767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State
(b) County U. S. Army Fort Lee Virginia
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temporary roomer. 904 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Weiss

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Post Office
11. Industry or business Govt

FATHER
12. Name Louis Weiss
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Fannie Rubenofsky
15. Birthplace Russia

16 (a) Informant The Father
(b) Address

17. Burial (b) Date thereof 7 8 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Balt Hebrew
Location Belair Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JUL 8 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1942 at 3.30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Hemorrhage of Brain
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-6-42 at A.M
(c) Where did injury occur? 904 N. Charles St Rooming House
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Rooming House While at work? No
(Specify type of place)
(e) Means of injury Self inflicted Gunshot wound

23. Signature Howard J. Knadler M.D.
Medical Examiner.
Date signed 7-7-42

V8 6

correct age is especially important. Physicians: please write the cause of death

F 93768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St. Marys Roland Park (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister Doretta Selhorst

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Sister of Charity
11. Industry or business

FATHER
12. Name Richard J. Selhorst
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Roeder
15. Birthplace Md.

16 (a) Informant Hospital Record
(b) Address St. Agnes Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1942 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore

18 (a) Funeral director Martin Fahey Sons
(b) Address 1827 W. North Ave.

19 (a) JUL 8 – 1942 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to 7/7 1942 and that I last saw her alive on 7/7 1942

Immediate cause of death Right cerebral thrombosis with left sided hemiplegia

Due to Thrombosis

Due to

Other Conditions Vegetative Endocarditis ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 Mths

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan'l J. Angier M. D.
Address 3326 Fleet Street (Date signed)

WARNING: WITH UNFADING INK. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days) (If non-resident give usual residence)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Elizabeth Symes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race black | 6 (a) Single, married, widowed, or divorced. (widowed)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Ida Elizabeth Homes
15. Birthplace Essex Va

16 (a) Informant Ella Workman
(b) Address 723 N. Bruce

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co - Md

18 (a) Funeral director Chas N. Edwards
(b) Address

19 (a) JUL 8 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 7-4 1942 and that I last saw her alive on 7-4 1942

Immediate cause of death: Cardiac failure

Due to Hypertension

Due to

Other Conditions Carcinoma of Breast & Metastasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Reardon Jr. M.D.
Address University Hosp. Date signed 7-5-42

VS 3

93720 City Disposal

BALTIMORE CITY HEALTH DEPARTMENT 1614 Registered No. 93720

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwards Service Sta
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Edwards Service Sta~~ Pumphrey Md
(If rural, give location)
(e) If foreign-born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Johnson (Birth F-5307)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 6/29/42

8. AGE: Years	Months	Days	If less than one day
0	0	3d	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name MANDOTIS JOHNSON
13. Birthplace Albemarle Co., Va.

MOTHER
14. Maiden Name PEARL MARIE LUCK
15. Birthplace Albemarle Co., Va

16 (a) Informant Pearl Johnson
(b) Address Box 538, RFD #9, Brooklyn

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof Md. (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 7 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address 1942

19 (a) [redacted] (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1942 at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1942 to 7/1 1942 and that I last saw him alive on 6/30 1942

Immediate cause of death Respiratory failure — Duration 7 hrs

Due to Foetal atelectasis

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature John T. Cale M.D.
Address Univ. Hosp. Date signed 7/2/42

VS 3

9219

F 93771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-59 Registered No. F 93771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 N. Greene Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Franklin Jackson (Birth F- 5, 1993)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	infant

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1942

8. AGE: Years	Months	Days	If less than one day
		1	12 hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Benjamin Franklin Jackson
13. Birthplace Hanover, Carroll Co., Md.

MOTHER
14. Maiden Name Mary Ellen Brown
15. Birthplace Sykesville, Carroll Co., Md

16 (a) Informant B. F. Jackson - father
(b) Address 200 N Greene Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 7 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address
JUL 7 1942 Huntington Williams, M.D.
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942, to June 30 1942, and that I last saw him alive on June 29 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature A. Lankstein
Address University Hosp. Date signed M. 7 D. 7-42

VS 2

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 93772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 595 Pulford St (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME John Campbell

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Campbell Laborer

FATHER 13. Birthplace North Car.

MOTHER 14. Maiden Name Martha Lucas

MOTHER 15. Birthplace N.C.

16 (a) Informant Hosp records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUL 7 - 1942 Commissioner of Health

18 (a) Funeral director

(b) Address JUL 7 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1942, at 11 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1942 to 6/28 1942 and that I last saw h[illegible] alive on 6/28 1942.

Immediate cause of death	Duration
Coronary artery disease	
Due to Hypertensive Cardiovascular disease	?
Due to	
Other Conditions Pulmonary infarction	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Thompson

Address Union Hosp Date signed 7/28/42

VS 2

9220

F 93773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 F 93773 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 North Kresson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary F. Fischer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George J. Fischer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 9, 1881

8. AGE: Years	Months	Days	If less than one day
60	8	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Gerald Zind
13. Birthplace Germany

MOTHER
14. Maiden Name Zabila Yans
15. Birthplace Germany

16 (a) Informant George J. Fischer
(b) Address 6 N. Kresson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd.

18 (a) Funeral director John A. Miller
(b) Address 1 JUL 8 1942 Huntingdon Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 9 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 6 1942; and that I last saw h alive on July 6 1942.

Immediate cause of death: Cardio-respiratory failure — Duration
Due to: Hypertensive cardio vascular disease and cerebral
Due to: vascular accident
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Harn M.D.
Address Sinai Hospital Date signed 7/7/42

VS 3

93774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193

F 93774
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Meth. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 249, Route 13 Middle River
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Jr Decker

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene Decker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 11 1905

8. AGE: Years 37 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Rigger

11. Industry or business

FATHER
12. Name: Louis T. Decker
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Catherine Kempson
15. Birthplace: Balto. Md.

16 (a) Informant: Minnie Williams
(b) Address: 3406 Elliott St.

17 (a) Burial (b) Date thereof July 8-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem
Location: Eastern Ave.

18 (a) Funeral director: John A. Miller
(b) Address: 1111 Jefferson St.

19 (a) JUL 8 1942 Huntington Williams, M.D.
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-1942 at 2.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above; held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death: Electrocution — Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-4-42 at 12.40 P M
(c) Where did injury occur? Balto. Fairfield Graydocks
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Voltage from broken electric wire

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 7-4-42

VS 6

M. D. F. 1125-9

F 93775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

F 93775

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E 36th St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Jopf

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M Jopf

6. DATE OF BIRTH (month, day, year) Oct 9/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm Kappes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hax

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo M Jopf
(Address) 1110 E 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 9 1942

19. UNDERTAKER John U Ulrich
(Address) Paca & Pleasant

20. JUL 8 - 1942 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 July 1942

22. I HEREBY CERTIFY, That I attended deceased from 7 May 1942 to 7 July 1942

I last saw her alive on 7 July 1942 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1938

Other contributory causes of importance:

Lobar Pneumonia	11 May 1942

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Florence Stocker M. D.

(Address) 353 E Eager St

F 93776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93776 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 75 S. Morley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 S. Morley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hettie F. Burchardt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Otto Burchardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1865.

8. AGE: Years	Months	Days	If less than one day
77	3	29	hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Russell Douglas
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Lucinda N. Douglas
15. Birthplace Va.

16 (a) Informant Mr. Otto Burchardt
(b) Address 75 S. Morley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1942. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave.

19 (a) JUL 8 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6/42, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to July 6 1942, and that I last saw h alive on July 6 1942.

Immediate cause of death — Duration
Uremia
Cardiac Failure
Due to Chronic Nephritis
Congenital Heart Disease.
Due to Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Schwartz M. D.
Address 2301 Harlem Ave Date signed 7/7/42

VS 3

F 93777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 57d

Registered No. F 93777

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42-0220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Leroy Talbot

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1940

8. AGE: Years	Months	Days	If less than one day
2	4		hr. min.

9. Birthplace Balto md
(Town, county and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Vernon Talbot
13. Birthplace md

MOTHER
14. Maiden Name Mary Somop
15. Birthplace Va

16 (a) Informant Elizabeth Parker
(b) Address 1510½ N. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Ned. B. Kelso
(b) Address 1302 Pressman

19 7/8/42 (Date rec'd by registrar) (Signature) Municipal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1942 to 7/7 1942, and that I last saw h[illegible] alive on 7/7 1942.

Immediate cause of death Post encephalitic meningitis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R K Thompson M. D.
Address 7/7/42 Univ. Hosp. Date signed

VS 8

F 93778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 93778 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 W. Fairmont ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Bates

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-0396

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	M

6 (b) Name of husband or wife Pearl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace md
(City, county, and state)

10. Usual Occupation Laborer

11. Industry or business Rag factory ?

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Pearl Bates
(b) Address 615 W Fairmont ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-9-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave, Washington Williams, M

19 (a) JUL 8 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-1942, at 12 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Gunshot of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-4-42 at 11:45 A.M
(c) Where did injury occur? 2nd St. S. of Lexington St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fire arms - gun

23. Signature Howard J. Mitchell M.D.
Medical Examiner.
Date signed 7-5-42

VS 6

F 93779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 F 93779 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found in harbor middle Branch of Patapsco

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 N. Howard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELLWOOD MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Sepa

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1907

8. AGE: Years	Months	Days	If less than one day
35	5		hr. min.

9. Birthplace Vienna, Maryland (Town, county, and State)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Murray
13. Birthplace Maryland

MOTHER
14. Maiden Name Edith Murray
15. Birthplace Maryland

16 (a) Informant Mrs. Elsie Coinich
(b) Address 112 W. 22nd Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Valsteos
(b) Address 918 Druid Hill Ave

19 (a) JUL 8 - 1943 (Date rec'd by registrar) (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 43 at 6 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to accidental	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Nil
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence July 4th, 1943 at 4 PM
(c) Where did injury occur? Middle Branch of Patapsco near Cherry Hill (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Water (Specify type of place) While at work? No
(e) Means of injury Drowning

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 7-6-43

VS 6

F 93780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9th ward

F 93780

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 W. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Edwards.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-0637

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1890

8. AGE: Years	Months	Days	If less than one day
51	9	28	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Jeweler

11. Industry or business Glenn L. Martin

FATHER 12. Name John.

13. Birthplace not Known

MOTHER 14. Maiden Name Mary

15. Birthplace not Known

16 (a) Informant Louis M Brodsky

(b) Address 3042 W north ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)

(c) Cemetery or crematory E. Cedar Hill

Location Phila Pa.

18 (a) Funeral director Clarence F Hoffman

(b) Address 1639 N Broadway

19 (a) JUL 8 1942 (b) Huntington Williamson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1942 at 4.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1942 to July 5, 1942 and that I last saw him alive on July 5, 1942.

Immediate cause of death Coronary thrombosis — Duration 15 Days

Due to Arterio-sclerosis — 10 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Dwyer M.D.

Address St Agnes Hosp Date signed 7/5/42 M. D.

F 93781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93781

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Davis

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 078-05-1120

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife: Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1892

8. AGE: Years	Months	Days	If less than one day
50	4	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Safe Deposit Bank

FATHER
12. Name Riney Mere Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Wormley
15. Birthplace Wash. D.C.

16 (a) Informant Edith Lawson(Daughter)
(b) Address 1203 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Baltimore, County, Md.

18 (a) Funeral director Charles H. Hooper
(b) Address 514 N. Calhoun St.

19 (a) JUL 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th, 1942 at 7:45 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to July 4 1942, and that I last saw ___ alive on July 2d 1942.

Immediate cause of death	Duration
Coronary Thrombosis	?
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Wardell M.D.
Address 761 Hamilton Ave. Date signed 7/8/42

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 93782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N. Montford ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kolarik

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1899

8. AGE: Years	Months	Days	If less than one day
43	3	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Bar Tender (Owner)
11. Industry or business Same

FATHER
12. Name John Kolarik
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Liska
15. Birthplace Bohemia

16 (a) Informant John Kolarik
(b) Address 801 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Brochon Son
(b) Address 900 N. Chester St

19 41 8—10[illegible] (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942, at 10 57 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 5 1942 and that I last saw h[illegible] alive on July 5 1942.

	Duration
Immediate cause of death Congestive Heart Failure	2 days
Due to Hepatic Cirrhosis	4 mos.
Due to Alcoholism	
Other Conditions Pulmonary edema Chronic pancreatitis	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Osborne M.D.
Address Mercy Hospital Date signed 7/5/42

93783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93e F 93783

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 155 Palomo Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 155 Palomo Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Angela Victoria Picciandi

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Aug 84 1861
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80 87	10	12	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Sacco
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Russi
15. Birthplace Italy

16 (a) Informant Jos. M. Picciandi
(b) Address 155 Palomo Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Bast Md

18 (a) Funeral director Joseph Fuller
(b) Address Fuller & Fayette

19 (a) Date received 1942 (b) Huntington Wills Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to July 6 1942, and that I last saw h[illegible] alive on July 3 1942.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Cardiac Decompensation	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Picciandi
Address 155 Palomo Ave Date signed 7/7/42

301

F 93784 (over)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. F 93784

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 72 Rt. 10 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wells Haberstick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-42

8. AGE: Years	Months	Days	If less than one day
			hr. 37 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name August Harry Haberstick
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Gertrude Lewis
15. Birthplace Baltimore Md

16 (a) Informant Irma Kibbe Lewis
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Baltimore Md

18 (a) Funeral director Dunnard & Grimes
(b) Address 21 W. 25th St.

19 (a) Date received by registrar JUL 8 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1942 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to July 8 1942 and that I last saw him alive on July 8 1942

Immediate cause of death Prematurity
Due to Resp. failure

Duration 10 hrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irma W. Kibbe M.D.
Address Johns Hopkins Date signed 7/10/42

VS 3

93785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 93785

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 Church St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Church St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Waryl Petryk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Anna Cyhanek
(b) Address 1604 Church Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Mem. Co.
Location Anne Arundel County

18 (a) Funeral director John M Weber
(b) Address 461 S. Chester Street

JUL 8 1942 (b) (Date rec'd by registrar) Registrar

Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 - 1942 to July 6 - 1942 and that I last saw him alive on July 6 1942

Immediate cause of death	Duration
Bronchio-Pneumonia	3 days
Due to	
Due to	
Other Conditions Contused Left Lung (Include pregnancy within 3 months of death)	5 hours

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Cott. M. D.
4815 - Pennington Ave - Date signed - 7-7-42

AIREY

F 93786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93786 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 E. Grindall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E. Grindall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E Airey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M.	W.	Widowed

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1868

8. AGE: Years	Months	Days	If less than one day
74	1	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Mrs Mildred Airey
(b) Address 436 E Grindall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson & Longwood Sts

18 (a) Funeral director William H Marack
(b) Address 715 Light St

19 (a) Date received by Registrar JUL 8 1942 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 19 40 to July 6 19 42 and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary occlusion	10 Min
Due to arteriosclerosis	
Due to	
Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Isaac Nulle
Address 1425 Cleveland St Date signed 7/8/42

F 93787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 93787 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Farrell.

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife — James J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	3	5	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Thomas Doolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McCue
15. Birthplace Ireland

16 (a) Informant Miss Frances K. Farrell
(b) Address 343 East 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cooke Lowe
(b) Address 1217 St. Paul St.

JUL 8 — 1942 (Date rec'd by Registrar) Waiting for William's letter

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 6 1942, and that I last saw h.... alive on July 6 1942

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerotic C.V.D.

Due to: Generalized arteriosclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: Physician's est. of yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Stupik

Address St. Joseph Hosp. Date signed 7/6/42

VS 2

JL- 1573 F 93788 BALTIMORE CITY HEALTH DEPARTMENT 93d F 93788

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Fibian

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W.

6 (b) Name of husband or wife Anna (D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 14 [illegible]

8. AGE: Years	Months	Days	If less than one day
71	0	21	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Lithuania

MOTHER
14. Maiden Name Georgia ?
15. Birthplace Lithuania

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Wabash Ave. & 3rd St. Balto. Co. Md

18 (a) Funeral director Chas. J. Fuhrman & Sons
Address 1318 Druid Hill Ave

19 (a) JUL 8 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1942, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1939, to 7-5 1942, and that I last saw him alive on 7-5 1942.

Immediate cause of death	Duration
? Pulmonary embolism	72 days
Due to Auricular fibrillation	?
Due to Arteriosclerotic heart disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Internal Anatomic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-7-42

VS 3

F 93789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 93789
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laurentine Estep (Birth F. 44134)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-42

8. AGE: Years	Months	Days	If less than one day
	4½	25	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Noble Estep
13. Birthplace Md.

MOTHER
14. Maiden Name Celeste Brown
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-42 (month) (day) (year)
(c) Cemetery or crematory
Location St. Peters Cemetery
18 (a) Funeral director George A. Kelly
(b) Address 1207 Pennsylvania Ave

19 (a) JUL 8 1942 (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 7 1942 and that I last saw h[illegible] alive on July 7 1942

Immediate cause of death — Duration

Diffuse Bronchopneumonia 6 days
with Resp. collapse.
(Pneumococcal)

Due to

Other Conditions Otitis Media (pneumococcus)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Date signed 7/8/42

93790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93790

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5316 Wesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5316 Wesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lydia Maria Gunderson

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Gunderson O Gunderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1889
8. AGE: Years 53 | Months 5 | Days 6 | If less than one day hr. min.
9. Birthplace Sweden (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Johan Johansson
13. Birthplace Sweden

MOTHER
14. Maiden Name Matilda
15. Birthplace Sweden

16 (a) Informant Doris De Cinacilla
(b) Address 5316 Wesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director William H Doe
Address 2170 Pennsylvania Ave

19 (a) JUL 9 1942 Huntington Williamsport Md
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942, at 5 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1938, to July 7 1942, and that I last saw h alive on July 5 1942.

Immediate cause of death: Carcinoma Uteri — Duration: 1939

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F Mylan M. D.
Address 682 Washington Blvd Date signed 7-8-42

93791 #18014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5526 F 93791 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Greenmount ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Garner

3 (b) If veteran, name war —
3 (c) Social Security Account No. 1102

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Veronica Garner
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 7/24/74

8. AGE: Years: 67 | Months: 11 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Archibald Garner
13. Birthplace: ~~Elizabeth Holmes~~ Va

MOTHER
14. Maiden Name: Elizabeth Holmes
15. Birthplace: Virginia

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/11/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md

18 (a) Funeral director: Wilhoun Coskery
(b) Address: 1217 E Pratt St

JUL 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1942 at 1220 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942 to July 8 1942; and that I last saw h~~im~~ alive on July 8 1942.

Immediate cause of death	Duration
Pulmonary Embolism	
Myocardial Failure	
Due to Post Operative	
2nd & 3rd stage Uretero Sigmoidostomy	
Due to (Date) cystectomy	
for Bladder (Urinary)	
Other Conditions Tumor (Infiltrating)	over

(Include pregnancy within 3 months of death)

Date of operation ~~5/4/42~~ 6/20/42
Major findings of operation: ~~Bladder (Urinary) Tumor~~ Int. Stage 3
Bladder (Urinary) Tumor. Stage 3
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John S. Haines
Address: Johns Hopkins Hosp. Date signed: 7/8/42

VS 8

93792
JL- 74979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 93792

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Larrimore

3 (b) If veteran, name war W
3 (c) Social Security Account No. NHD
4. Sex F.
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife ?
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 16, 1868
8. AGE: Years 73 Months 7 Days 23 If less than one day hr. min.
9. Birthplace Md Balto Co (Town, county, and state)
10. Usual Occupation NHD
11. Industry or business

FATHER
12. Name William Larrimore
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Bennett
15. Birthplace Md.

16 (a) Informant H. C. Hospital Records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Co Md
18 (a) Funeral director Wellmore Cool Inc
(b) Address 127 E Lexington St Huntington Williams, M.D.
JUL 9 1942 (Date Rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1942 at 1 00 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-26 1942 to 7-8 1942 and that I last saw h alive on 7-8 1942

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 7-9-42

93793 3164 BALTIMORE CITY HEALTH DEPARTMENT 94a F 93793

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garage at 3310
(c) Hospital or institution: Virginia Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Virginia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES S SMALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	FIDE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Clara J Small
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 1 1877

8. AGE: Years	Months	Days	If less than one day
64	8	7	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Sea Food Dealer
11. Industry or business Oly

FATHER 12. Name	Lewis J Small
FATHER 13. Birthplace	Pa
MOTHER 14. Maiden Name	Anna Frey
MOTHER 15. Birthplace	Pa

16 (a) Informant Clara J Small
(b) Address 3205 Virginia Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wellons Cyb Inc
(b) Address 1217 W Lafayette
19 (a) 7/1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1942 at 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death	
Coronary occlusion	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. J. Wallenmeyer M.D. (Coroner's Medical Examiner)
Date signed 7-8-42

F 93794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 A

Registered No. F 93794

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Grundell St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLAUDETTE THOMPKINS

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 1142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1938

8. AGE: Years	Months	Days	If less than one day
4	5	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Earl Thompkins
13. Birthplace Baltimore MD

MOTHER
14. Maiden Name Verna Jones
15. Birthplace Baltimore Md

16 (a) Informant Earl Thompkins
(b) Address 413 Grundell St
17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 7/11/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie Md
18 (a) Funeral director Wilbur Coil Inc
(b) Address 1247 W Pratt St
JUL 9 1942 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942, at 6 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Poisoning, phosphorus	
Due to Rat paste	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 7, 1942 at 7 05 M
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury swallowed rat poison

23. Signature H. L. Williams Jr M.D.
Medical Examiner
Date signed 7-8-42

VS 6

F 93795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 Hough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Hough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Krupa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Krupa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/1879

8. AGE: Years 63 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name John Krupa

13. Birthplace Poland

MOTHER 14. Maiden Name

15. Birthplace Poland

16 (a) Informant Anna Krupa

(b) Address 1931 Hough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Baltimore

18 (a) Funeral director Fred W Orzewski

(b) Address 1930 Eastern Ave, Huntington Village, Md.

JUL 9 1942 (Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to July 7 1942, and that I last saw him alive on July 7 1942.

Immediate cause of death: Chronic myocarditis

Due to degeneration

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Jones M. D.

Address 1479 East Ave Date signed 7-8-42

Novella Armstrong

93796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 93796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Penn. ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Novellia Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Rossi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1896

8. AGE: Years 45 / 46 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Burkely Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Turner Pugh
13. Birthplace Dallas Va.

MOTHER
14. Maiden Name Alice Armstrong
15. Birthplace Dallas Va.

16 (a) Informant Rossi Armstrong
(b) Address 1311 Penn. ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

JUL 9 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

19. DATE OF DEATH July 7 1942 at 4 35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1942 to June 7 1942 and that I last saw her alive on June 7 1942

Immediate cause of death: Lobar Pneumonia — Duration: 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rockstroh M.D.
Address Provident Hosp Date signed 7/7/42

VS 2

F 93797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C

F 93797

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U.S.Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3015 Raynor Ave.
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MORRIS, Abe

3 (b) If veteran, name war	3 (c) Social Security Account No.
WWI	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Charlotte Robinson

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) November 4, 1874

8. AGE: Years	Months	Days	If less than one day
67	8	2	hr. min.

9. Birthplace Milwaukee, Wis.
(Town, county, and state)

10. Usual Occupation GUARD-AIRCRAFT MARINE CO.

11. Industry or business

FATHER 12. Name Theodore Morris

13. Birthplace Germany

MOTHER 14. Maiden Name ~~Charlotte Robinson~~ Theresa

15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital

(b) Address Baltimore, Maryland.

17 (a) BURIAL (b) Date thereof 7/9/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location MT OLIVET-CEMETERY

(d) Funeral director F. D. WIPPERT-SON

(b) Address 3308 Eastern Ave

19 (a) JUL 8 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS: Veh.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1942, to July 6, 1942, and that I last saw him alive on July 6, 1942.

	Duration
Immediate cause of death Cardiac decompensation	3 mo.
Due to Aortic stenosis and regurgitation	Unk.
Due to Chronic rheumatic heart disease	42 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature T. B. H. Anderson, M. D.

Address US Marine Hospital Date signed 7/7/42
Baltimore, Maryland.

F 93798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93798

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. County
(c) City or town Lansdowne, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Smith ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Katharine Ruhl Deering

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 13-1916

8. AGE: Years	Months	Days	If less than one day
25	7	24	hr. min.

9. Birthplace Lansdowne, Md (Town, county, and state)

10. Usual Occupation Post Office Clerk

11. Industry or business

FATHER
12. Name Geo. Henry Deering.
13. Birthplace Balto County, Md

MOTHER
14. Maiden Name Emma Ruhl
15. Birthplace Baltimore Co. Md

16 (a) Informant Sister
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md

18 (a) Undertaker or funeral director WM. J. TICKNER & SONS
(b) Address 1111 W. Pratt St., Ayres., Balto., Md.

19 (a) JUL 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942. 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1942 to July 7 1942, and that I last saw her alive on July 7 1942

Immediate cause of death: Pulmonary Embolus
Autopsy Findings
Due to Emboli, pulmonary arteries.
Thrombus, rt. atrium.
Due to Ca Sigmoid.
Other Conditions Abdominal abscess.
(Include pregnancy within 3 months of death)

Date of operation June 19, 1942
Major findings of operation: Abdominal Abscess - diverticulitis?
of autopsy: Carcinoma of S igmoid

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur York, M.D.
Address Women's Hospital Date signed 7/7/42

VS 2

F 93799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 93780 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Harford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Harford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE S. POISAL

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 212-03-4890

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche D. Poisal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1887

8. AGE: Years	Months	Days	If less than one day
55	0	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Superintendant
11. Industry or business Hopper McGaw Company

FATHER
12. Name Wilbur Poisal
13. Birthplace W. Va.

MOTHER
14. Maiden Name Catherine Hooper
15. Birthplace Md.

16 (a) Informant Mr. George D. Poisal
(b) Address 3602 Woodbine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) (Date received by registrar) (b) Registrar

JUL 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 6 1942 and that I last saw h[illegible] alive on July 6 1942

Immediate cause of death: Coronary Thrombosis — Duration: 8 hours.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. E. Smith
Address 1823 E. Northern Ave. Date signed 7/8/42

Huntington Williams, M.D.

F 93890 ✓ F 93890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Woodington Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Woodington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT R. KRAUTER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Birdella Kimball Krauter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1879

8. AGE: Years	Months	Days	If less than one day
68	0	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Burial Permit Clerk
11. Industry or business Balto. City Health Dept.

FATHER
12. Name William Krauter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Louise Kratz
15. Birthplace Pa.

16 (a) Informant Mrs. Birdella K. Krauter
(b) Address 802 Woodington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible] Aves., Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. 548 Fulton Ave

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1942 at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to July 6 1942, and that I last saw him alive on July 6 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 12 hrs
Due to: ?
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Date signed 7-8-42

F 93801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ERNST A. RINGBOM (Ernest Ringborn) naturalized

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lena Ringbom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1861

8. AGE: Years	Months	Days	If less than one day
80	9	23	hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation Retired - Capt.
11. Industry or business Arundel Sand & Gravel Co.

FATHER
12. Name Ludwig Ringbom
13. Birthplace Sweden

MOTHER
14. Maiden Name Anna Hultgren
15. Birthplace Sweden

16 (a) Informant Mrs. Laura Anderson, daughter
(b) Address 2319 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North Ave. & Pa. Aves.

19 (Signature of registrar) Huntington Williams, M.D.

JUL 9 1942
JUL 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1942 to 7-8 1942 and that I last saw h alive on 7-7 1942.

Immediate cause of death	Duration
Cerebral accident	
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Cole M. D.
Date signed 7-8-42

VS 3

F 93802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a ✓ Registered No. E 93802

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Ellerslie Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Ellerslie Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL BEHM

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-12-3757

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Albertina Susemihl

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 29. 1880

8. AGE: Years 62 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Furniture Broker

11. Industry or business

FATHER
12. Name George Behm - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Frederick - deceased
15. Birthplace Germany

16 (a) Informant Mrs. Albertina Behm (Wife)
(b) Address 3306 Ellerslie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

(a) JUL 8 - 1942 (Date received by registrar) Huntington Williams M.D. Registrar

JUL 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 6. 1942 at 10.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from June. 12. 1938. to July 6. 1942. and that I last saw him alive on July 5. 1942.

Immediate cause of death: Coronary occlusion — Duration: [illegible]

Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature Jno. B. Sylvester M. D.
Address 2804 Harford Rd. Date signed 7-6-42

F 93803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Sutton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Mason.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-3931

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace St. Louis Mo. (Town, county, and state)

10. Usual Occupation Bar Keeper

11. Industry or business

FATHER
12. Name Not known
13. Birthplace St. Louis Mo.

MOTHER
14. Maiden Name not known
15. Birthplace St. Louis Mo.

16 (a) Informant Della M. Tyrrell
(b) Address 208 S. Sutton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Grebliunckas Jr
(b) Address 423 S. Paca St

19 (a) Filed JUL 9 1942 Huntington Williams M.D. Registrar
(b) Registered JUL 9 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 9.05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions Bronchitis & terminal pneumonia. Hypostatic congestion of lungs	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Uhlenhuth M.D. Medical Examiner.
Date signed 7-7-42

F 93804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93804 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2044 Wilkens ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2044 Wilkens ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Friedman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-7597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Sara Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs Joseph Levis
(b) Address 2020 Rosalind ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Washington Blvd
9 1942

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

19 (a) Registered JUL 8 1942 Registrar, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to July 6 1942 and that I last saw him alive July 6 1942.

Immediate cause of death Hypertensive cardio-vascular renal disease — Duration 1 yr

Due to

Due to

Other Conditions Cerebral hemorrhage — Duration 1 day
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Wellan M.D.
Address 2037 Wilkens ave Date signed 7/8/42
M. D.

F 93805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

F 93805 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 96 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Gorman Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Kenneth Albertie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1927

8. AGE: Years	Months	Days	If less than one day
14	8	8	4 hr. 55 min.

9. Birthplace Philadelphia (Town, county, and state)

10. Usual Occupation Student

11. Industry or business None

FATHER
12. Name Wyeth B. Albertie
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Madge I. McLain
15. Birthplace West Va. Braxton Co.

16 (a) Informant Madge I. Albertie
(b) Address 511 Gorman Ave. Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Wash. Blvd at Dorsey Rds

18 (a) Funeral director J. Wm. Lee's Sons
(b) Address 300 4½ St. N.E. Washington D.C.

19. (a) [illegible] (b) [illegible] Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1942, at 4:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1942 to July 8 1942, and that I last saw him alive on July 8 1942.

Immediate cause of death	Duration
Respiratory and Cardiac Failure	8-10 weeks
Due to Acute Lymphoid Leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

Date of autopsy July 8: Leukemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. G. Bird M. D.
Address University Hosp. Baltimore Date signed 7-8-42

JUL 9 1942

93806 Dec 1779 Jan 1770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

F 93806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct. Physicians: please write the causes of death clearly and legibly. This is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Light St.
(c) Hospital or institution: So. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Fawn Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank G. Del vecchio (or) Della Vecchia

3 (b) If veteran, name war No

3 (c) Social Security Account No. 711-07-5694

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11 1914

8. AGE: Years 28 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Trucker

11. Industry or business

FATHER 12. Name Michael

13. Birthplace Italy

MOTHER 14. Maiden Name Felicina Carbonare

15. Birthplace Italy

16 (a) Informant Fannie Del Vecchio

(b) Address 921 Fawn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Holy Sepulchre

Location Ballard Rd.

18 (a) Funeral director Mario F. Di Pippo

(b) Address 348 S. [illegible] St.

19 (a) Filed July 8 1942 (b) Registrar Livingston Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942, at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to July 7 1942, and that I last saw h alive on July 7 1942.

Immediate cause of death Cerebral Tumor — Duration 5-6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 5 1942

Major findings of operation: Enlarged intracranial pressure due to dilated ventricle

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. J. Grimaldi

Address 244 S. Exeter St. Date signed 7-8-42

938[illegible]7 BALTIMORE CITY HEALTH DEPARTMENT F 93807
CERTIFICATE OF DEATH 139 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Eutting Dr
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Eutting Dr
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie A. Clark

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Separated

6 (b) Name of husband or wife Wm C Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-18-1892

8. AGE: Years	Months	Days	If less than one day
49	10	18	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Manns
13. Birthplace New Bedford - Mass.

MOTHER
14. Maiden Name Sonie Chew
15. Birthplace Md

16 (a) Informant Frances Johnson
(b) Address 1318 Eutting Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Mr. Winans
JUL 9 1942

18 (a) Funeral director Louis R. Davenport
(b) Address 1004 Penna - Md

19 (a) Date received JUL 8 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 5-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 - 1942 to 7-6 1942 and that I last saw h[illegible] alive on 7-6 1942

Immediate cause of death	Duration
Embolism	
Due to Post operative	
Due to	
Other Conditions Hypocarcinosis	

(Include pregnancy within 3 months of death)
Date of operation 7-3-42
Major findings of operation: 3rd degree prolapse of uterus - carcinoma of uterus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Bernard Harris
Address 1207 N. Carolina Date signed 7-8-42 M.D.

F 93808

LUMAN ✓ F 93808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

Registered No. 100425

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: ST. AGNES-HOSPITAL
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 1/2 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Luman Parkhurst

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-4208

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary E. Parkhurst

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 7 - 1881

8. AGE: Years 60 Months Days 1 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Electrician

11. Industry or business Electrician

FATHER
12. Name Gordon Parkhurst (PARDON)
13. Birthplace Md

MOTHER
14. Maiden Name Jennie Brown
15. Birthplace Md

16 (a) Informant Mary E. Parkhurst
(b) Address 24 S. Monroe St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Sudbrook Park Baltimore

18 (a) Funeral director F. B. WIPPERT & SON
(b) Address 1300 Eutaw Place

19 JUL 9 1942 (Huntington Williams, M.D.) Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942 at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 7 1942; and that I last saw him alive on July 7 1942.

Immediate cause of death: Hemorrhage — Duration
Due to: Bleeding Peptic Ulcer
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature of Physician Arthur Lansberg
Address St. Agnes Hosp. Date signed 7/7/42 M.D.

VS 3

F 93809
AB-73362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered F 93809

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined as to accuracy before it is written. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Mo. 2Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W Barre Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Solder

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes 7218-14-1642

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1924

8. AGE: Years	Months	Days	If less than one day
17	11/10	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name John Solder (D)
13. Birthplace Europe

MOTHER
14. Maiden Name Victoria Sackalosky
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bladen Road

18 (a) Funeral director Thos. D. Kenny
(b) Address Hollins & Gilmor
19 (a) 1942 Hon. Wm. Wallace Williams
(b) Signature of registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1942, at 4 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1942 to 7-8 1942 and that I last saw h alive on 7-8 1942

Immediate cause of death	Duration
Subacute bacterial endocarditis	4 mos.
Due to Patent interventricular septum	Life
Due to Congenital heart disease	Life
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 7-8-42

F 93810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93810 1310 47 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Bloomsbury ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Calendar C. Janson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/12/1875

8. AGE: Years	Months	Days	If less than one day
66 67	7	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Mr. Charles W. Janson
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Ottilia Fenstel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Henry T. Grebe, sister
(b) Address Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North Ave. & Pine Ave.

19 JUL 9 1942 (b) Remington for Williams M.D. Registrar
Date rec'd Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942 at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 9 1942 and that I last saw her alive on July 9 1942

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature Arthur Loomby
Address St. Agnes Hosp. Date signed 7/9/42

F 93811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93811 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Paul & 23rd Sts.

(c) Hospital or institution:
Dr. Harvey Becks Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Larchmont
(If outside city or town limits, write RURAL and give town)

(d) Street No. 6 Park Drive
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIE MAY PHELPS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Royal Lee Phelps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1873

8. AGE: Years	Months	Days	If less than one day
69	4	10	hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John E. Swift
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name -- Hurtt
15. Birthplace Texas

16 (a) Informant Mr. R. Gorman Phelps,
(b) Address 525 W. 238th St., New York, N.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Baltimore, Md.

19 Filed JUL 9 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1942, 6:00 PM

21. I certify that death occurred on the date above stated, that I attended deceased from May 16 1942 to July 8 1942 and that I last saw h[illegible] alive on July 8 1942.

Immediate cause of death Coronary Thrombosis — Duration 1½ hours

Due to Chr. arteriosclerosis — Duration long duration

Due to Cardio-Vascular Renal Disease. — Duration long duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury —

Signature Nathaniel M. Beck

Address 2727 N. Charles Date signed July 9-42

VS 8

F 93812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93812 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4002 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH V. WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Francis P. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/21/1863

8. AGE: Years	Months	Days	If less than one day
78	7	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Edwin Hunt
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Delaney
15. Birthplace Ireland

16 (a) Informant Mr. Frank A. White, son
(b) Address 4002 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 JUL 9 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1942 at 7¼ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1942 to July 7 1942; and that I last saw h[illegible] alive on July 3 1942

Immediate cause of death: Myocarditis — Duration about 2 weeks
Due to: arterio-sclerosis — 7
Due to: Cystitis — 3 mo.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dreibelbis M. D.
Address 2220 Harrison Blvd Date signed July 8/42

VS 8

Adm. 1-11 1938

93813

HEALTH DEPARTMENT—CITY OF BALTIMORE

93813

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 105 E 25th St., 1st Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Virginia Hicks

(a) Residence: No. Washington Blvd. Laurel Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 13. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME John Waite

14. BIRTHPLACE (city or town) (State or country) Agnes Hutchinson

MOTHER

15. MAIDEN NAME Mary Cameron

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Imogene Howard

(Address) 108 E 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place to Laurel Md Date 7/9/ 1942

19. UNDERTAKER Ridgley Selby

(Address) Laurel Md

20. FILED JUL 10 1942 7/9/ 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/ 1942

22. I HEREBY CERTIFY, That I attended deceased from 7/7/ 1942 to 7/9/ 1942

I last saw her alive on 7/8/ 1942 death is said to have occurred on the date stated above, at 1253 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/7/42
Other contributory causes of importance: Arteriosclerosis	7

Name of operation — Date of —

What test confirmed Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thomas F. Waite M. D.

(Address) 5-32-E 22nd St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No. F 93814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Seaton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 25-3
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Kermit Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Thompson (Birth F-5 2378)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-42

8. AGE: Years	Months	Days	If less than one day
			1 hr. 30 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jesse Nelson Thompson
13. Birthplace Germantown-Md.

MOTHER
14. Maiden Name Anne Belle Dodson
15. Birthplace Poolesville-Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location PUBLIC CEMETERY JUL 9- 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 9- 1942 (Date rec'd by Registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1942, at 7 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from birth 19 to 19, and that I last saw h[illegible] alive on July 7, 1942.

Immediate cause of death — Duration

Premature birth, 6 hrs. (lived) 6 hrs.

Due to Premature separation

Due to placenta.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar G. Mullen M.D.
Address 2623 Woodbl. Blvd. Date signed 7/7/42

VS 8

F 93815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 93815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barnice Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Hill
13. Birthplace

MOTHER
14. Maiden Name Henrietta Frisby
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date of burial (Month) (Day) (Year) 7/13/42
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bifurt Ave

19 (a) Filed JUL 10 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to July 9 1942, and that I last saw h[illegible] alive on July 9 1942.

Immediate cause of death	Duration
Lobar pneumonia, right & left lower lobes, pneumococcus type I	6 days
Due to Bacteremia due to pneumococcus type I	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address John Hopkins Hosp Date signed 7/9/42

F 93816

F 93816

416540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 4 10
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Aisquith St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-03

8. AGE: Years	Months	Days	If less than one day
39	1	23	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Chem. oper.

11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Virginia

MOTHER
14. Maiden Name Sibbie Russell
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Emory Wilson
(b) Address 2111 Madison Ave

19 (a) 7 10 1942 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942 at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to July 9 1942 and that I last saw h[illegible] alive on July 9 1942

Immediate cause of death: Septicemia due to B-hemolytic streptococcus

Duration: 5 days

Due to: Tumor of lung, right upper lobe with metastases to bone, liver retroperitoneal lymph nodes, type undetermined

Duration: 3 months

Other Conditions: unrelated

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address John Hopkins Hosp. Date signed 7/10/42

93817
AB-30750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 E

Registered No. E 93817

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Married

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6-1876

8. AGE: Years	Months	Days	If less than one day
65	9	15	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jerry Simpson (D)
13. Birthplace N.C.

MOTHER
14. Maiden Name Betty Howard
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUL 9 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 10 1942 (Date rec'd by registrar) Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1942, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1938, to 5-21 1942, and that I last saw h[im] alive on 5-21 1942

Immediate cause of death: Cerebral thrombosis — Bronchopneumonia — Duration: 5 days, 4 days

Due to

Due to

Other Conditions Syphilitic heart disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-7-42

VS 3

9228

F 93818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138 Registered No.

F 93818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Thames St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Akerman 73522

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1883

8. AGE: Years	Months	Days	If less than one day
58	8	26	hr. min.

9. Birthplace Finland (Town, county, and state)
10. Usual Occupation bar worker
11. Industry or business

FATHER
12. Name Carl Akerman
13. Birthplace Finland

MOTHER
14. Maiden Name Catherine
15. Birthplace Finland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 9- 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 JUL 10 1942 (b) Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1942 at 3:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1942 to June 25 1942, and that I last saw him alive on June 25 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Rathbun M. D.
Address Balto. City Hosp Date signed 7-7-42

VS 8

9229

F 93819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 93819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Mad. St.
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mammie M. Hood (Mamie McCurdy Hood)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Wid

6 (b) Name of husband or wife: John Franklin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1864

8. AGE: Years 77 ~~XXX~~ | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name John Henry McCurdy
13. Birthplace Elkridge

MOTHER
14. Maiden Name Ruth Whiteside
15. Birthplace Dublin, Ireland

16 (a) Informant Cecil L. Hood
(b) Address 2400 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUL 10 1942 (Date rec'd by registrar) (b) Huntington Hollingsworth REGISTRAR

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9-42 19 at 3.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 19 42 to 7/9 19 42
and that I last saw her alive on 7/9 19 42

Immediate cause of death: Art. C. V. Disease with decompensation — Duration

Due to

Due to

Other Conditions: Fracture of neck Rt. Femur — 5/31/42
(Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 5/31/42
(c) Where did injury occur? Balto. (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fell on Floor

23. Signature: Thomas L. Lucy M.D.
Address: Md. Gen. Hosp. Date signed: 7/9/42

VS 3

F 93820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47F

F 93820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3807 Garrison Blvd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3807 Garrison Blvd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN ADOLF CHILLES

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ada Chilles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 7, 1877

8. AGE: Years 64 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Alexandria, Ark. (Town, county, and state)

10. Usual Occupation Retired - Map maker

11. Industry or business Geo. F. Kramm Co.

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Ada Chilles, wife

(b) Address 3807 Garrison Blvd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/11/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location North Ave & Gay Sts., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa. Aves.

19 (a) JUL 10 1942 (Date rec'd by registrar) (b) Huntington Wightman, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1942, at 9:40a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1941 to July 9 1942 and that I last saw him alive on July 9 1942

Immediate cause of death: Cancer Mediastinum — Duration: Dec. 1941

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John D. Bufort M. D.

Address 603 Park Heights Av Date signed 7/10/42

F 93821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 93821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 North Chester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

6-4

3 (a) FULL NAME FREIDA BELINSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife MORRIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace RUSSIA (Town, county and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name MOSES BOSS
13. Birthplace RUSSIA

MOTHER
14. Maiden Name IRENE ROSE
15. Birthplace RUSSIA

16 (a) Informant MORRIS BELINSKY - HUSBAND
(b) Address 4 N. CHESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location O'DONNEL ST.

18 (a) Funeral director Jack Levine Inc
(b) Address 439 E. Baltimore St.

19 (Signature and title of local registrar) Huntington Williams M.D. Registrar

JUL 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942, at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 9 1942 and that I last saw her alive on July 9 1942

Immediate cause of death Bronchopneumonia — Duration

Due to Cardiac Failure

Due to Possible cerebro-vascular accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Sinai Hospital
Address Baltimore Date signed 7/9/42 (M/D/Y)

VS 8

F 93822 SP 30280 X ✓ F 93822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1479 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford County
(c) City or town Aberdeen (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Swan Street (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME M. Lucia Heins (M. Lucia Heins)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-1205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Wayne A. Heins
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Jan 20th 1917.

8. AGE: Years	Months	Days	If less than one day
25	5	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name Alphonsus Hartman
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Maria A. Weber
15. Birthplace Baltimore City

16 (a) Informant Wayne A. Heins (Husband)
(b) Address 14 Swan St. Aberdeen Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date received by Registrar) JUL 10 1942 (b) Signature of Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1942 at 1 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 8 1942 and that I last saw her alive on July 8 1942

Immediate cause of death	Duration
Generalized Peritonitis	
Due to (a)	
Due to	
Other Conditions Caesarean Section	

(Include pregnancy within 3 months of death)

Date of operation July 8, 1942

Major findings of operation Caesarean Section

of autopsy Generalized Peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kupanek Jr.
Address St Joseph's Hosp Date signed 7-8-42

F 93823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 93823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Bon Secours Hospital
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Norfolk ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Erck

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mary W. Erck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/31/67

8. AGE: Years 74 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore maryland (Town, county, and state)
10. Usual Occupation Retired Tobacco
11. Industry or business

FATHER
12. Name Charles Erck
13. Birthplace Baltimore Germany

MOTHER
14. Maiden Name Martha Staines
15. Birthplace Germany

16 (a) Informant Miss Helen Erck
(b) Address 3805 Norfolk ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11th (month) (day) (year)
(c) Cemetery, or crematory Loraine Park
Location Rural

18 (a) Funeral director John Elliot
(b) Address 2007 Orleans St

19 JUL 10 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9/42 19 at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19-42 19— to 7-9 1942 and that I last saw h[illegible] alive on 7-9 1942

Immediate cause of death: Ca of Stomach, Primary — Duration ?
Due to
Due to
Other Conditions Arteriosclerosis C-V. Disease (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Papilloma of Stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kriegs M.D.
Address Bon Secours Hosp Date signed 7-9-42

VS 1

F 93824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115 C

F 93824 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Eutaw Place
(c) Hospital or institution:
Balto Eye Ear & Throat Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Morley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 Yrs. years

3 (a) FULL NAME JOHN DENISIO

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-05-4584

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marianna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29 1912

8. AGE: Years 29 | Months 10 | Days 10 | If less than one day: hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Donato Denisio
13. Birthplace Italy

MOTHER
14. Maiden Name Carmela [illegible] Fusco
15. Birthplace Italy

16 (a) Informant Marianna Denisio (Wife)
(b) Address 8 N. Morley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Grant Della Hoer
(b) Address 52 N. Morley St.

19 (a) JUL 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to July 8 1942. and that I last saw him alive on July 8 1942.

Immediate cause of death: Post Operative Pulmonary Embolus — Duration

Due to: Embolus Post

Due to: Tonsilar and Post Submucous

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Waters M.D.
Address 1214 Eutaw Place Balto Date signed 7/8/42

F 93825

AB-74621 F 93825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 93825

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 27 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town 2 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1446 E Monument Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** George Scruggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6-1918

8. AGE: Years	Months	Days	If less than one day
23	11	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER

12. Name Allison Scruggs

13. Birthplace Va.

MOTHER

14. Maiden Name Elizabeth Wright

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-1942 (month) (day) (year)

(c) Cemetery or crematory Appomattox Co. Va.

Location

18 (a) Funeral director Robert L. Williams

(b) Address 515 N. Eldeny St

19 (a) JUL 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9 1942, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1942 to 7-9 1942, and that I last saw h in alive on 7-9 1942.

	Duration
Immediate cause of death ?Cerebral embolism	2 min ?
Due to Cardiac failure	?
Due to Hypertensive C.V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Co adv

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. K. Rathbun M. D.

Address Balt. City Hosp Date signed 7-9-42

VS 8

M. D. B. 1268-9

F 93826 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a F 93826

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. 2516 Huron St., _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME SARAH KESS

(a) Residence: No. 2516 HURON ST St. 25-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20-1857

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57 yrs	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Roderick Rego

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Henrietta Peary

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mabel Fletcher
(Address) 2516 Huron St.

18. BURIAL, CREMATION, OR REMOVAL
Place Marley, Md Date July 10, 1943

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 1 Edmondson Ave

FILED JUL 10 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1943 to July 8 1943

I last saw h[illegible] alive on July 8th 1943 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-1-43
Other contributory causes of importance:	
Intermittent Delirium	5-1-43

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, state _____

(Signed) Richard Dragon, M. D.
[illegible]

F 93827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 138

F 93827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Linden Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Walburga B. Cassard (nee Fellermeier)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Walter Cassard
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb 6th 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	5	3		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Joseph Fellermeier
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Marty
15. Birthplace Germany

16 (a) Informant Miss Carrie Fellermeier
(b) Address 1720 Linden Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 7 | 11 | 42 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral
Location Baltimore, Md

18 (a) Funeral director Wm. Meyer & Son
(b) Address 2503 Edmondson Ave

19 (a) JUL 10 1942 Registrar
(b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1942, at 2.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to July 9 1942, and that I last saw h[illegible] alive on July 9 1942

Immediate cause of death Pulmonary Intercurbia — Duration ?
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 7-9-42

F 93828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 24828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 Aldershot Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Seiler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
81	11	22	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired Coburman

11. Industry or business

FATHER
12. Name Frederick Seiler
13. Birthplace Germany

MOTHER
14. Maiden Name — Sackman
15. Birthplace Germany

16 (a) Informant Mrs Margaret A. Seiler wife
(b) Address 621 aldershot Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/42 (month) (day) (year)
(c) Cemetery or crematory London Park Ave
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Weitzke
(b) Address 4101 Edmondson Ave Huntington Williams, Mgr

19 (a) [redacted] (Signature of registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1942 at 730 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1942 to 7/8 1942, and that I last saw h[redacted] alive on 7/8 1942.

Immediate cause of death Carcinoma of Stomach — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 6/22/42 Ca of stomach

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J R Duncan MD M. D.
Address St Agnes Hosp Date signed 7/9/42

F 93829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 93829 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Inf.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4950 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James Burrows

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Edna Burrows
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Handyman
11. Industry or business

FATHER
12. Name Mr. ? Burrows
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth McKeever
15. Birthplace Maryland

16 (a) Informant Mrs. Edna Burrows
(b) Address 4950 Reisterstown Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/13/42 (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Forrest Byers
(b) Address 5005 Park Heights Ave.

19 (a) (Date rec'd by registrar) JUL 10 1942 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 2:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942 to July 10 1942, and that I last saw him alive on July 10 1942

Immediate cause of death: Diffuse peritonitis — Duration 12 hrs.
Due to: Mesenteric thrombosis with gangrene of intestine — 14
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation June 29 1942
Major findings of operation: Mesenteric thrombosis
of autopsy: as noted above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vernon H. Norwood M. D.
Address Church Home Date signed 7-10-42

F 93830
AB-75085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

F 93830
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Thompson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rosie Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1868

8. AGE: Years	Months	Days	If less than one day
73	7	25	hr. min.

9. Birthplace Baltimore, Md (town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Joseph Thompson
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Sample
15. Birthplace Va.

16 (a) Informant Rosie Thompson
(b) Address 1146 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Hyland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received by Registrar) JUL 10 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1942 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1942 to 7-5 1942 and that I last saw h alive on 7-2 1942.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to Sen. arteriosclerosis	?
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: As above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. H. Rathbun
Address Balto. City Hosp. Date signed 7-6-42 M. D.

F 93831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A2 B

Registered No. F 93831

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 Pierce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 Pierce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MAY GROONEN (GROOMS)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

(b) Name of husband or wife James

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/14/1909

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Geo. Cooper

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Brooks

15. Birthplace Md

16 (a) Informant James Groomes

(b) Address 623 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (mo.) (day) (year)

(c) Cemetery or crematory St Peters

Location Md.

18 (a) Funeral director Geo. G. Kelsey

(b) Address 1303 Presstman

19 (a) JUL 10 1942 (Date rec'd by Registrar) Huntington Willmott, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Valvular heart disease	
Due to mitral insufficiency	
Due to rheumatic fever	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 7-9-42

VS 6

F 93832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1482

F 93832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Wise (or) Wager

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter
6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Jan 19 1896

8. AGE: Years: 46 | Months: 4 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation:
11. Industry or business: At Home.

FATHER
12. Name: Joseph Golaba
13. Birthplace: Poland.

MOTHER
14. Maiden Name: Josephine Golacki
15. Birthplace: Poland

16 (a) Informant: Peter Wager
(b) Address: 221 S. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 42 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislawa
Location: Dundalk Blvd.

18 (a) Funeral director: Martin F. Riggel
(b) Address: 37 S. Pine St

19 JUL 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942 at 3:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 42 to July 9 19 42 and that I last saw her alive on July 9 19 42

Immediate cause of death: Generalized Sclerosis — Duration 2 yrs.
Due to: Pancreas ? Intest
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Joseph Koenig Co
Address 1400 E Baltimore Date signed 7/9/42

VS 3

F 93833

F 93833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1352 Towson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 Towson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary T. McKitrick

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife James F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1877

8. AGE: Years	Months	Days	If less than one day
65	6		hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Jacob Eder
13. Birthplace Germany Balto.

MOTHER
14. Maiden Name ?
15. Birthplace Balto

16 (a) Informant Louise Bohle
(b) Address 1352 Towson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Hartford Rd.

18 (a) Funeral director M. W. K. Dupp & Sons
(b) Address 1 E. Lexington Street, Balto. Md.

19 (a) JUL 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH July 10 1942 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to July 9 1942 and that I last saw h alive on July 9 1942.

Immediate cause of death: Carcinoma of Uterus & Bladder — Duration 2 yrs

Due to

Due to

Other Conditions: Diabetes Mellitus 4 yrs
Arteriosclerosis Hypertension Cardiac Renal
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Dudley M. D.
Address 43 S. Bradway Date signed 7/12/42

VS 8

F 93834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 93834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1955 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY C. WEAVER

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-3011

4. Sex	5. Color or race	6 (a) ~~Single, married~~ widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Matilda Weaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3 - 1880

8. AGE: Years	Months	Days	If less than one day
62	11	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Assistant Treasure
11. Industry or business Theatre

FATHER
12. Name Preston C. Weaver
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Kate Leadley
15. Birthplace Balto. Md.

16 (a) Informant Walter M. Holtz
(b) Address 924 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2790 Edmondson ave.

19 JUL 10 1942 (Date rec'd by registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 12 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 7-13-42

VS 6

F 93835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 93835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Levindale
(b) Street address Greenspring - Belvidere
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moses Robert

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	married

6 (b) Name of husband or wife Zelda Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Sig Feinblatt
(b) Address Greenspring Belvidere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Rd
Location Mt Carmel Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (a) JUL 10 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942. 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942, to July 10 1942, and that I last saw him alive on July 10 1942

Immediate cause of death	Duration
Tuberculer meningitis	
Due to	
Due to	
Other Conditions Myo-cardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Leidolf M.D.
Address 2404 Eutaw Pl Date signed 7/10/42

VS 2

F 93836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93836 (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 W. North ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto.
(c) City or town
(If outside city corporate limits, write RURAL, and give town)
(d) Street No. 1203 West North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis E. Levine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Sept 16 1903

8. AGE: Years	Months	Days	If less than one day
38	9	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business self

FATHER
12. Name Morris Levine
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. Mabel Levine
(b) Address 1203 W. North ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 10-42 (Month) (day) (year)
(c) Cemetery or crematory Private
Location Albermarle N. C.

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 10 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to July 8 1942 and that I last saw him alive on July 8 1942

Immediate cause of death	Duration
Rheumatic Cardio-Vascular disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature Louis T. Levy

Address 1844 W. North ave Date signed 7/9/42

F 93837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93857 Registered No. 1256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa or Rose Marino

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known?

8. AGE: Years: About 51 | Months | Days | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Dora Marino (Daughter)
(b) Address 609 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John J. Gerbiusckas
(b) Address 423 S. Paca St

19 (a) 7 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9-42 19 at 6:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 9 1942, and that I last saw her alive on July 9 1942.

Immediate cause of death Sepsis
Hepatitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beasley Jr.
Address University Hospital Date signed 7-9-42 M. D.

VS 3

93838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1642 F 93838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Windsor Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIUS MEARS DILWORTH

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: NELLIE E. DILWORTH
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1868

8. AGE: Years	Months	Days	If less than one day
73	6	21	hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)
10. Usual Occupation Officer of Wm Construction Co.
11. Industry or business

FATHER
12. Name Peter Dilworth
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace ? Ireland ?

16 (a) Informant Mrs. Nellie E. Dilworth (wife)
(b) Address 3306 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director STEWART & MOWER COMPANY
(b) Address (B. F. MOWER SUC.) 100 W. NORTH AVENUE

19 (a) (Signature of local registrar) JUL 11 1942 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942; at 12 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest.	
Due to Suicide	
Due to mental depondency	
Other Conditions Coronary occlusion 4 hrs	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
Autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence July 9, 1942 at 12 50 P.M.
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Revolver

23. Signature H. L. Wallansuchas M.D. Asst Medical Examiner.
Date signed 7-9-42

93839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108-W. University Pkwy.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108-W. University Pkwy
(If rural give location)
(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Henry Andrew Lederer

3 (b) If veteran, name war — None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Fannie Richardson Lederer
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 4-1865

8. AGE: Years 77 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Balto.-Md.
(Town, county, and state)

10. Usual Occupation Cartier —

11. Industry or business Grain Business

FATHER
12. Name John L. Lederer
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunda Steinmetz
15. Birthplace Germany

16 (a) Informant Mrs. Fannie R. Lederer (Wife)
(b) Address 108-W. University Pkwy.

17 (a) Retombment (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JUL 11 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942 to July 9 1942; that I last saw him alive on July 9 1942.

Immediate cause of death	Duration
(a) Chr. Myocarditis	11 d.
Due to Coronary Occlusion	13 d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Lockard
Address 292 S. N. Charles St. Date signed 10 July 42 M. D.

F 93840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

F 93840 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1819 W. Lexington St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anthony Joseph Diem 75143

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1891

8. AGE: Years	Months	Days	If less than one day
51	1	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation meat cutter

11. Industry or business

FATHER

12. Name Matthem Diem

13. Birthplace Germany

MOTHER

14. Maiden Name Eva Schmidt

15. Birthplace Germany

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)

(c) Cemetery or crematory Greenlawn Park

Location Baltimore Md.

18 (a) Funeral director Theron Rosbrugh

(b) Address 2734 Lexington Ave. Baltimore, Md.

19 (a) JUL 11 1942 (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942, to July 10 1942, and that I last saw him alive on July 10 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	1 mo?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. S. Hartz M. D.

Address Balto City Hosp Date signed 7/10/42

VS 8

F-9364
9384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Albert Sweeney

(a) Residence: No. 1729 Garrison Av St., ... Ward. Birth F. 5-686

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy	W	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) July 3 1942

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Premature

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 610 Venable Place

FATHER

13. NAME Mr. J. B. Sweeney

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Lillian Bell Lohoefer

16. BIRTHPLACE (city or town) (State or country) Balto and

17. INFORMANT Mrs J B Sweeney

(Address) 1729 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY JUL 10 1942 19.

19. UNDERTAKER Commissioner of Health

(Address)

20. Filed JUL 10 1942 19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 3 1942 to July 3 1942

I last saw him alive on July 3 1942 Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Premature

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Edw. L. Zimmerman M.D.

(Address) 2558 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134a

Registered No. F 93842

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Aliceanna St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Aliceanna st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY TINSLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-7665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 17 1885

8. AGE: Years	Months	Days	If less than one day
57	2	22	____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Master Mates & Pilot Assn

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Bronislawa LOREK
(b) Address 1712 Aliceanna street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md.
Location St. Stanislaus

18 (a) Funeral director George A Weber
(b) Address 7042 South Ann[illegible] street

19 JUL 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 42 at 1:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Uremia	
Due to Hydronephrosis	
Due to Renal calculi	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Exp Medical Examiner.
Date signed 7-9-42

V8 6

F 93843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 93843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 179 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Murray (Birth F. 52454)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Sidney Murray
13. Birthplace Maryland

MOTHER
14. Maiden Name Vida Johnson
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Daniel L. Bowers
(b) Address 1619 W Montgomery St

19 (a) JUL 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1942 to July 10, 1942, and that I last saw her alive on July 9, 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Hicks M. D.
Address University Hosp. Date signed July 11 1942

AB-72287 F 93844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 49d F 93844

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Mo. 5Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Howard Street S.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1892

8. AGE: Years	Months	Days	If less than one day
49 50	9	28	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation General Housework

11. Industry or business

FATHER
12. Name Tom Fowler
13. Birthplace Md

MOTHER
14. Maiden Name Annie Meridth
15. Birthplace Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Fra W Md

18 (a) Funeral director Daniel L Brown Co
(b) Address 109 W Monument St

19 (a) JUL 11 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1942 to 7-10 1942 and that I last saw h[illegible] alive on 7-10 1942

Immediate cause of death — Duration

Carcinoma of Vulva — 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald P Kelly M.D.
Address Balto City Hosp Date signed 7/11/42

F 93845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 93845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 840 Brennan court Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Stanton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Unknown
(b) Address Unknown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvert Cemetery
Location

18 (a) Funeral director A. Halter & Son
(b) Address 218 Fremont Ave

JUL 11 1942 (Date rec'd by registrar)

Waiting for Milwaukee MD Letter

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1942 at 1.20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) had that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-Vas Collapse — **Duration**

Due to Uremia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-9-42

F 93846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 93846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 E. Fairmount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MITCHELL HURT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Calvin Hurt
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Unknown

16 (a) Informant Rentas Hurst
(b) Address 107 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William P. Jackson
(b) Address JUL 11 1942 Penna. Ave.

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942 at 11:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Stab wound of chest — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence July 7, 1942 at 11 P.M.
(c) Where did injury occur? Fairmount Ave and Caroline St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Knife (pocket)
23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 7-8-42

VS 4

93847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. E 93847

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2531 W. Fairmount Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT E. HAUF

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-8651

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife [redacted]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29-1920

8. AGE: Years 21 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business R.R.

FATHER 12. Name Harry W. Hauf

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name

MOTHER 15. Birthplace Canada

16 (a) Informant Harry W. Hauf

(b) Address 2531 W Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/42 (month) (day) (year)

(c) Cemetery or Crematory Cathedral

Location Old Frederick Rd

18 (a) Funeral director Wm. J. Keany

(b) Address Holland & Gilroy Huntington Williams, M.D.

19 (a) JUL 11 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942, at 4:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said 4 (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/3

(a) Accident, suicide, or homicide accident

(b) Date of occurrence July 9, 1942 at 2 P.M.

(c) Where did injury occur? 2100 block Hoch Ave and Point (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no

(e) Means of injury Drowned while swimming

23. Signature M. J. Wallenweber M.D. Medical Examiner.

Date signed 7-10-42

VS 6

F 93848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 93848

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32min
(e) Length of stay in Baltimore (yrs., mos., or days) 1 hour

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Perry St., N.E.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. FULL NAME Raymond HUGH KINSEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lucille Schiavoni
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1919

8. AGE: Years	Months	Days	If less than one day
23	0	17	hr. min.

9. Birthplace New York, N. Y.
(Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business

FATHER
12. Name Raymond D. Kinsey
13. Birthplace D. C.

MOTHER
14. Maiden Name Louise Schmidt
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 11 42 (month) (day) (year)
(c) Cemetery or crematory Rosedale Md
Location Rosedale

18 (a) Funeral director W W Chambers Co
(b) Address Rosedale Md

19 (a) JUL 11 1942 (Date rec'd by Registrar) Huntington Mills, Registrar

(over)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942, at 6:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1942 to July 10, 1942 and that I last saw him alive on July 10, 1942

Immediate cause of death	Duration
Spontaneous subarachnoid hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Madden M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/11/42

Medical Exam. Care Howard J. Madden M.D.

93849 F 93849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13½a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2453 Mc Culloh St., 15 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Josephine E. Freeland

If U.S. Veteran specify WAR _____

(a) Residence: No. 2453 Mc Culloh St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W.

6. DATE OF BIRTH (month, day, year): January 17, 1881

7. AGE: Years 61 | Months 5 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John H. Wilson

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland

MOTHER

15. MAIDEN NAME: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Marian Thomas

(Address) 2458 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 11, 1942

19. UNDERTAKER: Mrs. Rees. H. Stollard

(Address) 1631 Druid Hill Ave.

20. FILED JUL 11 19[illegible]

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1942 to July 7, 1942

I last saw her alive on July 7, 1942 Death is said to have occurred on the date stated above at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease

Date of onset
9
)

Other contributory causes of importance: _____

Was an operation performed? NO Date of _____

For what disease or injury? _____

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If yes, _____

(Signed) D. B. Hughes M. D.

(Address) 1432 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

93850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5132 Chalgrove Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5132 Chalgrove Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Wilkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna A. Wilkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30-1854

8. AGE: Years 87 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and State)

10. Usual Occupation Painter Retired

11. Industry or business Unemployed

FATHER 12. Name unknown

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Parker

15. Birthplace Salisbury Maryland

16 (a) Informant Mrs Edward Sites

(b) Address 5132 Chalgrove Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location New Burnie Md

18 (a) Funeral director Williams Cook Inc

(b) Address 1217 St Paul St Balto

19 (a) Filed JUL 11 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 – 1942 at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec – 1941 to July 8 1942 and that I last saw h live on July 7 – 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation X

Major findings of operation X

of autopsy? No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunt Williams M. D.

Address 1340 E Chase Date signed

F 93851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Fait Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY E. KORNS

3 (b) If veteran, name war

3 (c) Social Security Account No. **

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife George L. Korns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1863

8. AGE: Years	Months	Days	If less than one day
78	7	10	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry H. LeBrun
13. Birthplace France

MOTHER
14. Maiden Name -- - --
15. Birthplace Germany

16 (a) Informant Mr. Geo. E. Korns
(b) Address 3206 Fait Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Loveless Funeral Home
(b) Address 7401 Belair Road

19 July 11 1942 (b) Huntington Williams, M.D. (Date received by registrar) (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1942, at 12:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937 to July 10 1942 and that I last saw her alive on July 9 1942

Immediate cause of death: Central Hepatic

Due to Cerebral Arterio Sclerosis

Due to

Other Conditions Chr. Hypostatic Arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 days ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mrs. J. Stemple
Address 7/10/42 3206 Fait Ave. Signed M.D.

M. D. H. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93852

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Y 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jesse Herpurth Jr

(a) Residence: No. 20 E. Chase St., Ward. (Birth F- 5 1689)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy	W	Infant

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of: Infant

6. DATE OF BIRTH (month, day, year): Premature

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): 20 E. Chase St Balto. Md

FATHER

13. NAME: Jesse Herpurth Sr.

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Mary Regnacq

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT (Address): Mr Jesse Herpurth Sr 20 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL. Place: Evergreen Date: July 11, 1942

19. UNDERTAKER: John L. Miller (Address): 2334 Jefferson St.

20. FILED: JUL 11 1942 Huntington Wilt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1942 to July 10, 1942

I last saw him alive on July 10, 1942 Death is said to have occurred on the date stated above, at 8:45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Care	July
unable to determine Cause of Premature, mother had no medical	
Other contributory causes of importance: Aug 29 1941	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest Summerman M. D.

(Address) 2508 Harford Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93853 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 1600 F 93853

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital, 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. If not long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Hammer

If U. S. Veteran specify WAR (Pvt MD 52594)

(a) Residence: No. 1306 Beechwood Rd. Spouse Gives St., Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Conrad Hammer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Bertha Mae Sonntag

16. BIRTHPLACE (city or town) (State or country) New Castel, Pa.

17. INFORMANT John G Hammer

(Address) 1306 Beechwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 11, 1942

19. UNDERTAKER John G Connelly

(Address) 1418 Eastern Ave.

20. Filed JUL 11 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1942 to July 10, 1942

I last saw him alive on July 10, 1942 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	7-10-42
Secondary to Congenital Lues	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital.

Manner of injury Complications of Pregnancy.

Nature of injury Pneumonia & Syphilis

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Edward L Kang M. D.

(Address) Bon Secours Hospital

V3 5

93854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107. Registered No. E 93854

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Allendale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Allendale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward H. Posey.
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widower

6 (b) Name of husband or wife Mildred Gardner Posey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1857

8. AGE: Years	Months	Days	If less than one day
85	5	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name James Posey
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Moran
15. Birthplace Md

16 (a) Informant Geo. T. Posey
(b) Address 709 Allendale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory Friendship Cemetery
Location Shipley, A. & G. Rd. Md.
18 (a) Funeral director Harry H. Little
(b) Address 401 Edmondson Ave
JUL 11 1942 Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10. 1942, at 1220 M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st, 1942 to July 10, 1942 and that I last saw him alive on July 9 1942

Immediate cause of death	Duration
Bronchio-Pneumonia	2 days
Due to Arteris sclerosis	10 yrs.
Due to Senility	10-15 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. E. Wells. M. D.
Address 400 Edmondson Ave Date signed 7/10/42

VS 3

F 93855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 48D

F 93855 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 S. High St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. High St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 31 yrs. years

3 (a) FULL NAME LUCIA MAZZOLA RIZZO

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Tony Rizzo

6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Febb. 3rd 1886

8. AGE: Years: 56 | Months: 6 | Days: 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: at home

FATHER
12. Name: Pasquale Paglia
13. Birthplace: Italy

MOTHER
14. Maiden Name: ?
15. Birthplace: Italy

16 (a) Informant: Tony Rizzo (Husband)
(b) Address: 130 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Francis Walter Mace
(b) Address: 52 N. Morley St.

19 (d) [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1942, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1941 to July 10 1942 and that I last saw h[illegible] alive on July 10 1942.

Immediate cause of death: Carcinoma of Uterus

Duration: 1 year 8 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of uterus.

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Philibert Artigiani, M.D.
Address: 2942 E. Fayette St. Date signed: 7/19/42

VS 8

F 93856
Bel 7th

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 159

Registered No. E 93856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. and Calvert St.
(c) Hospital or institution: Union Memorial Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible] 20/24
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] 20/24

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rural - Dundalk Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Midship Road.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby boy Conrad.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 10, 1942

8. AGE: Years	Months	Days	If less than one day
		1/24	20 hr. 15 min.

9. Birthplace Dundalk Maryland (Balto. Co.)
(Town, county, and state)
10. Usual Occupation none.
11. Industry or business none.

FATHER
12. Name ARTHUR S. Conrad
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Janey M. Crumbling.
15. Birthplace Pennsylvania.

16 (a) Informant Father.
(b) Address Dundalk, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-42 (month) (day) (year)
(c) Cemetery or crematory St Lyters Lutheran
Location Red Lion Pa

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St.

19 JUL 21 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942, to July 11 1942, and that I last saw him alive on July 11 1942.

Immediate cause of death Cardiac Failure — Duration [illegible] 20 hrs.
Due to Respiratory Failure
Due to PREMATURITY
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward St. James Jr. M. D.
Address Union Memorial Hosp. Date signed 7-11-42.

VS 8

93857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. E 93857

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Univ. Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgia E Evans

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife D. Clinton Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1848

8. AGE: Years 93 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Okfuskee Miss (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred L Patton
13. Birthplace Texas

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Miss Martha B Evans
(b) Address 909 University Pkwy

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12 1947 (month) (day) (year)

(c) Cemetery or crematory
Location Muskogee Oklahoma

18 (a) Funeral director Hoff L Tisdale
(b) Address 2700 Edmondson Ave

19 (a) JUL 11 1947 (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1947 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1947 to July 11 1947 and that I last saw her alive on July 9 1947.

Immediate cause of death Coronary thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Wilder M. D.
Address Univ. Hosp. Date signed 7-11-47

VS 1

93858

416210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. F 93858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick Co.
(c) City or town Jefferson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fremont Stoneburner

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-14-[illegible]479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-17

8. AGE: Years	Months	Days	If less than one day
24	9	11	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Stoneburner
13. Birthplace Va.

MOTHER
14. Maiden Name Wilhelmina Stahl
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/42 (month) (day) (year)
(c) Cemetery or crematory Methodist Cem
Location Stumptown, Va.

18 (a) Funeral director W. R. Stalnaker Son
(b) Address Frederick, Md.

19 JUL 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942 at 12 P 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to July 10 1942, and that I last saw h[illegible] alive on July 10 1942

Immediate cause of death	Duration
Miliary actinomycosis of lungs	
Due to actinomycotic abscesses of liver	
Due to appendicial abscess	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation June 5 1942

Major findings of operations Actinomycotic abscesses of liver

of autopsy Actinomycosis of liver and lungs Appendicial abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address Johns Hopkins Hosp. Date signed 7/11/42

F 93857 [redacted] F 93857

[redacted] ORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Hanover St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella George

3 (b) If veteran, name war: Dec
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1855

8. AGE: Years	Months	Days	If less than one day
86	6	11/10	hr. min.

9. Birthplace Smyrna, Delaware (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John H George
13. Birthplace Kent Co Delaware

MOTHER
14. Maiden Name Mary E Husbands
15. Birthplace Kent Co Delaware

16 (a) Informant Mrs Susie S Bell
(b) Address 1318 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Dentons Pond
Location Denton Landing Rd

18 (a) Funeral director G. Howard Evans
(b) Address 1400 S Charles St

19 (a) JUL 12 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11/42 19 , at [illegible]

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1/42 to July 10 1942, and that I last saw him alive on July 10/42

Immediate cause of death
Mitral Regurgitation
Due to
Due to Arteriosclerosis
Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
Autopsy

Duration: Feb

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1 W Eager Date signed July 11 '42

F 93860 F 93860 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63a

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Church Home & Inf.
(a) Baltimore City, Maryland
(b) Street address ∞
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Franklin
(c) City or town Waynesboro Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Maple St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillie Ashbaugh

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Robert E. Ashbaugh 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Fairmount W. Va. (Town, county, and state)
10. Usual Occupation House Duties
11. Industry or business

FATHER
12. Name J. E. Dickens
13. Birthplace Fairmount W. Va.

MOTHER
14. Maiden Name Sarah Wellsd
15. Birthplace Fairmount W. Va.

16 (a) Informant Mr. R. E. Ashbaugh
(b) Address 717 Maple St Waynesboro Pa

17 (a) Removal (b) Date thereof July 15, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location

18 (a) Funeral director Walter Y. Gyger
(b) Address Waynesboro Pa.
JUL 12 1942 (b) Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1942 at 7:19 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1942 to 7/11 1942 and that I last saw h[illegible] alive on 7/11 1942.

Immediate cause of death	Duration
Tracheal Obstruction	
Due to Carb. of Larynx	
Tracheal Stenosis	
Due to	
Other Conditions Mal. - Toxic Goiter	

(Include pregnancy within 3 months of death)

Date of operation 7/10/42
Major findings of operations Mal. Toxic Goiter
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Mason Kinsel M. D.
Address Church Home Hgh Date signed 7/11/42

VS 2

F 93861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 93861 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town [redacted] (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Jefferson Pl. N.W. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Eichlin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife [redacted] Jesse L. Eichlin 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Easton, Pa. (Town, county, and state)
10. Usual Occupation Professor
11. Industry or business

FATHER
12. Name Charles C. Eichlin
13. Birthplace Pa.

MOTHER
14. Maiden Name Ella Serfass
15. Birthplace Pa.

16 (a) Informant Arthur S. Eichlin
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12/42 (month) (day) (year)
(c) Cemetery or crematory Wash. D.C.
Location same

18 (a) Funeral director W. W. Deal Co.
(b) Address 816 H St N.W. Wash. D.C.

19 (a) [redacted] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to July 11 1942, and that I last saw him alive on 7/11 1942.

Immediate cause of death

Hemorrhage / Carcinoma

Due to Probably from stomach primary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/27/42

Major findings of operation: Abdominal carcinomatosis grossly.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Reitsch M. D.
Address University Hospital Date signed 7-11-42

F 93862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 93862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2801 Springhill Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2801 Springhill Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Anna Brickman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Yokel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER

12. Name Abraham Karklin

13. Birthplace Russia

MOTHER

14. Maiden Name Hinda ?

15. Birthplace Russia

16 (a) Informant Abraham Brickman

(b) Address 2801 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1942 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

19 JUL 12 1942 Huntington Williams M.D. (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1942 to July 10 1942, and that I last saw her alive on July 10 1942.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Aortic sclerosis - Hypertension

Due to Heart disease - Diabetes

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hunt Kemp

Address 2301 Park Ave Date signed 7/11/42 M. D.

VS 8

R 93863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93863 Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 N. Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chlorie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Peter White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 - 1882

8. AGE: Years	Months	Days	If less than one day
60		27	hr. min.

9. Birthplace Darlington S.C
(town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Oliver Stevenson
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Bettie Stone
15. Birthplace S. Carolina

16 (a) Informant Peter White
(b) Address 1608 N. Gilmor St

17 (a) Burial (b) Date thereof 7-15-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Sam'l. H. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) JUL 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 6.40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Acute Cardiac Failure — Duration:
Due to: Chronic Cardio-vascular renal disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7/11/42

VS 6

F 93864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

F 93864 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant William Henry
(b) Address 703 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md.

18 (a) Funeral director A. Adkins
(b) Address 9 E. Druid Hill Ave.

19 (a) 7-12-43 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1940 to July 9 1943 and that I last saw him alive on July 9 1943

Immediate cause of death: Pulmonary Oedema — Duration: 7 hours.
Due to: Carcinoma of uterus.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bd. Kelly M. D.
Address 100 N. Linwood Ave. Date signed July 11 1943

(over)

VS 3

F 93865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 93865
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 N. Rose St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 63 1 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 N. Rose St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Kemp
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fred Kemp
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) May 30-1879

8. AGE: Years 63 | Months 1 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Thomas J. Kane
13. Birthplace Ireland

MOTHER
14. Maiden Name Lydia Hinton
15. Birthplace Baltimore Md.

16 (a) Informant Alice J. Kane
(b) Address 2304 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Date received by local registrar JUL 12 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1942, at 1 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to July 10 1942, and that I last saw h[illegible] alive on July 10th 42.

Immediate cause of death: Myocardial Failure — Duration: 1 week
Due to: Chronic Myocardiotes
Due to:
Other Conditions: Diabetes Mellitus — Duration: 2y

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J. Kane M. D.
Address 1301 N. Eutaw Date signed 7-10-42

VE 8

Edw. T.

93866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133b

F 93866

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 923 Hanover

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 923 Hanover St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward T Randall

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-12-8526

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna M Randall

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 7, 1886

8. AGE: Years 56 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Carpenter Dep

11. Industry or business

FATHER 12. Name Thomas E Randall

FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Kathryn Swan

MOTHER 15. Birthplace Balto Md

16 (a) Informant Anna M. Randall

(b) Address 923 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Anne Arundel Co

18 (a) Funeral director A. J. Gerard Evans

(b) Address 1402 E Baltimore St

19 JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942, to July 12 1942; that I last saw him alive on July 12, 1942

Immediate cause of death	Duration
Acute Dilatation of Heart	36 hrs
Due to Bronchitis	3 weeks
Due to Intestinal Obstruction	1 week
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. S. Mitchell M. D.

Address 1219 Fallsway Date signed 7/12/42

VS 3

93867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148b

F 93867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Aliceanna St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE CAROLINE OVERDICK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed W
6 (b) Name of husband or wife: Charles Overdick
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.): Dec. 7. 1885
8. AGE: Years: 56 (XIX) Months: 7 Days: 2 If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name: ? Meinecke - deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known - deceased
15. Birthplace: Germany

16 (a) Informant: Mr. Edward Overdick (Son)
(b) Address: 1529 Aliceanna St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 13. 1942 (month) (day) (year)
(c) Cemetery or crematory: 1st Evangelical Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) Filed JUL 13 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1942, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1942, to 7/9 1942 and that I last saw h.r alive on 7/9 1942

Immediate cause of death: peritonitis — Duration

Due to: Cachexia, anemia, hypoproteinemia, ascites

Due to: Carcinoma of uterus & Bilateral carcinomatosis

Other Conditions: diabetes mellitus, pulmonary infarct

(Include pregnancy within 3 months of death)

Date of operation 7/3/42

Major findings of operation: Carcinoma of uterus, peritoneal carcinomatosis

of autopsy: same + pertinent

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Louis J. Kaeodner M. D.
Address: Sinai Hospital Date signed 7/9/42

VS 2

F 93868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-67

F 93868 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 656 Pitcher Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Sledge

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 1 1921

8. AGE: Years	Months	Days	If less than one day
21	5	11 10	hr. min.

9. Birthplace Weldon, N. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Ship yard

FATHER
12. Name Geo. M. Sledge
13. Birthplace N. C.

MOTHER
14. Maiden Name Rosa Flagg
15. Birthplace N. C.

16 (a) Informant Rosa Flagg
(b) Address Weldon, N. C.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)
(c) Cemetery or crematory Weldon, N. C.
Location Weldon N. C.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave

19 JUL 13 1942 (Date received by Registrar) (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1942, at 4 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Hemorrhage — Duration
Stab wound of neck,
Due to several sub-clavian
Due to vessels
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-11-42 at 3.15 A M
(c) Where did injury occur? In front 915 N. Penna. Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Sharp instrument

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 7-11-42

VS 6

F 93869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7-61

F 93869 Registered No. 10139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hosp.
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Blvd. & Halethorpe Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Marie Link

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband ~~or wife~~ John Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1909

8. AGE: Years	Months	Days	If less than one day
32	9	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Krenzel
13. Birthplace Germany

MOTHER
14. Maiden Name Mamie Denninger
15. Birthplace Md.

16 (a) Informant Mr. John L. Link
(b) Address Washington Blvd., Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUL 13 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942 at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1942 to 7/10 1942 and that I last saw h[illegible] alive on 7/10 1942

Immediate cause of death Diabetes mellitus, generalized arteriosclerosis — Duration

Due to chronic nephritis, — Duration

Due to pneumonia, — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Cronin M. D.
Address St. Agnes Hosp. Date signed 7/11/42

V8 8

F 93870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

F 93870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3331 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Vaughn Plummer, Jr Birth ✓

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-42

8. AGE: Years | Months | Days: 21 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Frank Vaughn Plummer, [illegible]
13. Birthplace: Mass (Malden)

MOTHER
14. Maiden Name: Ruth Harlan
15. Birthplace: Pa (Philadelphia)

16 (a) Informant: Mr. Frank V. Plummer, father
(b) Address: 3331 E. Monument St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Crematory
Location: Frederick Rd., Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: North Ave. & Pa. Aves., Balto., Md.

19 JUL 13 1942 (b) Huntington Williams, M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1942 at 3:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4, 1942 to July 11, 1942 and that I last saw him alive on July 11, 1942.

Immediate cause of death: Cerebral Collapse (Secondary)
Due to: Diarrhea of Newborn

Duration: 1 hr. / 1 week

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature W. E. Yeatts, M.D.
Address Univ. Hospital Date signed July 14 42

VS 8

F 93871

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 N. Calvert (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Kent Prather
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1873

8. AGE: Years	Months	Days	If less than one day
69	1	10	hr. min.

9. Birthplace Anne Arundel Co - Md (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business City Highways Dept.

FATHER
12. Name Christopher C.
13. Birthplace Md.

MOTHER
14. Maiden Name Anne Suit
15. Birthplace Md.

16 (a) Informant Mrs. Bernard Crozier
(b) Address 2721 So. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/42 (month) (day) (year)
(c) Cemetery or crematory Baldwin-Gaither Location Cross Roads - Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUL 13 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 12:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to July 11 1942, and that I last saw him alive on July 11 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertensive Cardio-vascular disease	5 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Palmer M. D.
Address University Hospital Date signed 7-11-42

F 93872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93872 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1934 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LUCY ELLEN HAYNIE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1863

8. AGE: Years 79 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Lancaster Co., Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Hurst
15. Birthplace Virginia

16 (a) Informant Miss Constance Haynie
(b) Address 1934 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pennsylvania Ave.

19 (a) JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1941. to July 10 1942
and that I last saw h e alive on July 10 1942

Immediate cause of death: Hypertensive cardio vascular disease — Duration: 2 yrs
Due to:
Due to:
Other Conditions: Acute uremia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 7/14/42

VS 3

F 93873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 93873 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4202 Belvieu Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Belvieu Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDNA R. JONES

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: E. Tyson Jones, Sr.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1882

8. AGE: Years: 59 | Months: 6 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Thomas Kuns
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Sallie R. Evans
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. E. Tyson Jones, Sr.
(b) Address: 4202 Belvieu Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Frederick Rd., Balto., Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Aves., Balto., Md.

19 JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1935 to 7-10-1942 and that I last saw her alive on 7-10-1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 hours

Due to: Arterio Sclerosis

Due to: Hypertension

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard W. Warner M. D.
Address 2004 Garrison Blvd Date signed 7-11-42

VS 3

F 93874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93874 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Dunglow Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HANS C. JENSEN (Hans Christian Jensen)

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish Amer	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha Saastad Jensen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1874

8. AGE: Years	Months	Days	If less than one day
68	5	7	hr. min.

9. Birthplace Ousted, Denmark
(Town, county, and state)
10. Usual Occupation Retired Shipbuilder
11. Industry or business Canal Zone-Balboa (US Govt.)

FATHER
12. Name Hans Jensen
13. Birthplace Denmark

MOTHER
14. Maiden Name Anna Marie
15. Birthplace Denmark

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Va.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave's. Balto.

19 (a) JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1942, to July 10, 1942, and that I last saw h im alive on July 10, 1942

Immediate cause of death	Duration
Erysipelas of abdominal wall	3 days
Due to Resection of colon for carcinoma of colon	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/8/42

Major findings of operation: Exploratory lap resection of intestine; venoclysis

Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Jensen M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/11/42

VS 3

F 93875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93875 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address South Balto Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 dy

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County A & Co

(c) City or town Brooklyn

(If outside city or town limits, write RURAL and give town)

(d) Street No. Hammond & Maine Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles J Walter

3 (b) If veteran, name war	3 (c) Social Security Account No. 705-12-3900

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1873

8. AGE: Years	Months	Days	If less than one day
68 69	8	10, 12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Turntable & Boiler

11. Industry or business

FATHER 12. Name Aloysius Walter

13. Birthplace Md

MOTHER 14. Maiden Name Dont Know

15. Birthplace Md

16 (a) Informant Frank Walter

(b) Address Hammond & Maine Ave Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Marsh

(b) Address 715 Light St

19 JUL 13 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 10 1942 and that I last saw him alive on July 10 1942

Immediate cause of death Uremia — Duration 7 days

Due to Uremia

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A Mangano M.D.

Address 1713 Light Street Date signed 7-10-42

VS 8

F 93876

T.N 74880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56a

F 93876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 Ann St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Annie Arkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William Arkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1879

8. AGE: Years	Months	Days	If less than one day
63	1		hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jake Krice

13. Birthplace ?

MOTHER 14. Maiden Name Sarah

15. Birthplace

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director W. Harrison Marack

(b) Address 715 Light St

19 JUL 13 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 10 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24-42 1942, to July 11 1942 and that I last saw h.e.r alive on July 10 1942

Immediate cause of death Hypertensive Heart Failure — Duration 2-4 weeks

Due to — Duration

Due to — Duration over 4 weeks

Other Conditions Decubitus ulcer, sacrum & abdomen, cerebral vascular accident (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Rosa J. Pregnant M.D.

Address Balto City Hosp Date signed July 11-42

F 93877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 93877

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Lemmon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS M WRIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-1233

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Thelma M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1902

8. AGE: Years	Months	Days	If less than one day
39	7	13	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name James T Wright
13. Birthplace Md

MOTHER
14. Maiden Name Mary E McGill
15. Birthplace Md

16 (a) Informant Mrs Thelma M Wright
(b) Address 1801 W Lemmon st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 2145 Light St

19 (a) JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 2 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 7-10-42

V8 4

F 93878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 93878

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mount Wenmment Pl.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 E. Biddle St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Goldstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business None

FATHER
12. Name Henry Gotthaich
13. Birthplace Russia

MOTHER
14. Maiden Name Gertrude Gothaich
15. Birthplace Russia

16 (a) Informant A. Kronitz
(b) Address 227 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (month) (day) (year)
(c) Cemetery or [illegible] Location Hebrew Friendship E. Balto. Pike

18 (a) Funeral director Jack Levine
(b) Address 1439 E. Balto St.

19 (a) JUL 13 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942 at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to July 12 1942 and that I last saw her alive on July 12 1942.

Immediate cause of death	Duration
Lobar pneumonia	
Due to Arteriosclerosis, Hypertensive disease & Right Hemiplegia	
Due to Severe malnutrition and avitaminosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander C. Bordley M.D.
Address Sinai Hosp. Date signed 7/13/42

F 93879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a F 93879 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3845 Boarman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years 16 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER
12. Name Philip Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale Park Cemetery Co
Location Old Harford Rd & Moravia Ave

18 (a) Funeral director Jas. Young Sons
(b) Address 1439 E. Baltimore St (Interim for Williams, Md)

19 July 13 1946 (Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 13 1942 and that I last saw her alive on July 13 1942

Immediate cause of death: Cardiac Failure

Due to Subacute Bacterial Endocarditis

Due to Streptococcus Viridans

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Findings (available at Vol. Hosp. Path. Dept.)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein M. D.
Address Sinai Hospital Date signed 7/13/46

F 93880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93880 Registered No. 942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Hendler

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-05-2750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 7-10-1895

8. AGE: Years	Months	Days	If less than one day
47	-	7	hr. min.

9. Birthplace Balto (Town, county and state)
10. Usual Occupation Ice Cream
11. Industry or business Mfg.

FATHER
12. Name Isaac Hendler
13. Birthplace Lithuania

MOTHER
14. Maiden Name Belle Sacks
15. Birthplace Lithuania

16 (a) Informant E. Manuel Hendler
(b) Address Lake Drive

17 Burial (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)
(c) Cemetery ~~Mount Lebanon~~ Herring Run
Location Balto Md

18 (a) Funeral director Jack Levin Inc.
(b) Address 2100 Eutaw Pl. Baltimore Md

19 (a) JUL 13 1942 Huntington Hollins (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942, at 3.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to July 12 1942, and that I last saw him alive on July 12 1942

Immediate cause of death: Adam-Stokes attack — Duration: 3 days

Due to: Coronary Occlusion
2 Myocardial Infarction

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Horn, M.D.
Address Sinai Hospital Date signed 7/12/42

VS 3

F 93881

F 93881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6534 Rosemont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6534 Rosemont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Philip Schilling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-1877

8. AGE: Years 64 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Lawrence O'Dwyer
13. Birthplace New York

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frederick Schilling
(b) Address 6534 Rosemont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn - Md

18 (a) Funeral director J. V. Keelty
(b) Address 2301 Edmondson Ave

19 (a) JUL 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 3 P.M

21. I certify that death occurred on the date above stated: that I attended deceased from June 26 1942 to July 11 1942, and that I last saw her alive on July 11, 1942.

Immediate cause of death: Chronic Interstitial Nephritis — Duration 1 yr.

Due to Arteriosclerotic Cardiosclerosis — Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave Date signed

VS 3

F 93882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

F 93882 Registered No.

416070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Broadway (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Siam

3 (a) FULL NAME Thanom Banomyong

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	yellow	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/1/13

8. AGE: Years	Months	Days	If less than one day
29	3	11	hr. min.

9. Birthplace Siam THAILAND (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Mr N Banomyong
13. Birthplace Siam THAILAND

MOTHER
14. Maiden Name Chan
15. Birthplace Siam THAILAND

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road Baltimore

18 (a) Funeral director F. D. WIPPELHAUSER Sons
(b) Address 800 Eutaw Place

19 (a) Huntington Williams, M.D.
(Date received by Local Registrar) JUL 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 7 49 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to July 11 1942, and that I last saw h[illegible] alive on July 11 1942.

Immediate cause of death Lymphosarcoma with metastases — Duration Approx. 1 year

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —

of autopsy: Lymphosarcoma with metastases

Duration: Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L Hurst M. D.
Address Johns Hopkins Hospital Date signed 7/13/42

F 93883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 93883

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 2738 Lansing Ave
(a) Baltimore City, Maryland
(b) Street address 2738 Lansing Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2738 Lansing Ave
(Rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Rudolf A Walter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Walter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 12 1862

8. AGE: Years	Months	Days	If less than one day
80	4	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wilhelm Walter
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Krause
15. Birthplace Germany

16 (a) Informant Mary Walter
(b) Address 2738 Lansing Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7 / 14 / 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. B. Weyforth Son
(b) Address 2400 Eutaw Place Baltimore, Md.

19 (a) [illegible] (Date rec'd by registrar) Registrar

JUL 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942 to July 11 1942, and that I last saw h alive on July 11 1942

Immediate cause of death Cardiac Arrhythmia — Duration 5 days

Due to Mitral Regurgitation (Antecedent) — 40 years

Due to Chronic Nephritis — 2 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Not

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert E. Zapp M. D.
Address 3048 W. North Ave Baltimore Md. Date signed 7/12/42

VS 3

93884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93884 Registered No. 122a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Walbrook + Caton Aves

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 501 S Caton Avenue (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME CHARLES F. CUFFLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower.

6 (b) Name of husband or wife Cecelia K. Cuffley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1858

8. AGE: Years	Months	Days	If less than one day
84	1	29	hr. min.

9. Birthplace England. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name James Cuffley

13. Birthplace England

MOTHER 14. Maiden Name Parkinson

15. Birthplace " "

16 (a) Informant Mary Cuffley

(b) Address 501 S Caton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1942 (month, day, year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Frederick P. Cole

(b) Address 1209 W. Lombard St.

19 (a) JUL 13 1942 (Date rec'd by registrar) Irvington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1942, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1942 to 7/9 1942 and that I last saw h.. alive on 7/9 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Post operative Inguinal hernia — Duration 10 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/26/42

Major findings of operation: Inguinal hernia

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. R. Duncan M.D.

Address St. Agnes Hosp. Date signed 7/11/42

VS 8

F 93885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. F 93885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town Brooklyn Park Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 308 Church St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Warren Collins Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 185-05-754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Inez A. Brown

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	24	hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Foreman - Concrete Work

11. Industry or business

FATHER

12. Name Wm Brown

13. Birthplace Va

MOTHER

14. Maiden Name Roberta Brown

15. Birthplace Va

16 (a) Informant Mrs Inez Brown

(b) Address 308 Church St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto.

18 (a) Funeral director Albert W Quigg

(b) Address 440 N Fulton Ave

19 (a) JUL 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 2.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to July 10 1942 and that I last saw h[illegible] alive on July 10 1942.

Immediate cause of death	Duration
Broncho-pneumonia	
Due to Post Operative Thrombosis of Right Femoral Artery	
Due to Plastic resection of Hypertrophied Prostate	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6-30-42

Major findings of operation: Hypertrophied Prostate - 2nd operation 7-2-42

Results of autopsy: Thrombosed femoral artery

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A. Maryanow M. D.

Address 1213 Light Street Date signed 7-10-42

VS 8

F 93886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93886 Registered No. 117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: SINAI HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2861- PELHAM AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL F. MEEKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7629

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 8 1885

8. AGE: Years 57 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Johns Hopkins

FATHER
12. Name John Meekins
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Cochran
15. Birthplace Maryland

16 (a) Informant Anna Meekins
(b) Address 2861 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 '42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Adkins Boyd Inc
(b) Address 1217 N Paul Street

19 (a) JUL 13 1942 Huntington Williams, M.D. (Address) Sinai Hospital Date signed 7/10/42

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942, to July 10 1942, and that I last saw him alive on July 10 1942.

Immediate cause of death: Diffuse Purulent Peritonitis — Duration

Due to Ruptured Gastric Ulcer

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: SAME AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Russakoff, M.D. Address Sinai Hospital Date signed 7/10/42

VS 3

F 93887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 d F 93887

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 E. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Carrie N. McDonnell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 19 - 1901

8. AGE: Years 41 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Gettysburg Pa.
(Town, county, and state)

10. Usual Occupation Stenographer & Card Reader

11. Industry or business Gov.

FATHER
12. Name James Milton Mc.
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Stiffler
15. Birthplace Pa.

16 (a) Informant Frank Mc Donnell
(b) Address 2409 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-42 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Park
Location Balto. Co.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St Paul St

19 (a) Date received July 13 1942 (b) Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11. 1942, at 3 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942, to July 11 1942, and that I last saw her alive on July 11 1942.

	Duration
Immediate cause of death Bronchio-pneumonia	7
Due to Chronic Valvular Heart Disease	?
Due to Pulmonary Oedema	1 day
Other Conditions Hyperpyrexia	1 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. B. Bromwell M. D.
Address 3037 Donnell St Date signed 7-11-42

VS 3

F 93888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93888 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4254 Falls Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4254 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. O'Connell.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Patrick O'Connell.
6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Oct 6, 1867

8. AGE: Years: 75 | Months: 9 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Housewife.

11. Industry or business

FATHER
12. Name: John Becker.
13. Birthplace: Germany.

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Patrick O'Connell.
(b) Address: 4254 Falls Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 7/14/42 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Park.
Location: Taylor Ave.

18 (a) Funeral director: Chenoweth & Donovan.
(b) Address: 3615-17 Chestnut Ave.

19 JUL 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942 to July 11, 1942 and that I last saw her alive on July 8, 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertensive heart disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Julia Gilbert
Address: 848 N. Eutaw St. Date signed: 7/13/42 M. D.

VS 3

E 93889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. E 93889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Brentwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Brentwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Bevans

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Bevans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1886

8. AGE: Years: 56 | Months: 2 | Days: 6 | If less than one day: hr. min.

9. Birthplace: King William County Va.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Overton Johnson
13. Birthplace: Va.

MOTHER
14. Maiden Name: Josephine Washington
15. Birthplace: Va.

16 (a) Informant: Edward Bevans
(b) Address: 2432 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cemetery
Location

18 (a) Funeral director: Mrs. R. G. Elliott & Daughter
(b) Address: 1129 N. Carrollton Ave.

19 JUL 13 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1942, at 8:00 P M

21. I certify that death occurred on the date above stated, that I attended deceased from May 19 1942 to July 9 1942 and that I last saw h alive on July 9 1942.

Immediate cause of death	Duration
Uremia Obstetrical Nephritis.	4 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Theo A. Johnson M.D.
Address 2329 Eutaw St. Date signed July 13, 1942

VS 3

F 93890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193d Registered No. F 93890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 S Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Ethel Seaman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Koppel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name David Scher
13. Birthplace Austria

MOTHER
14. Maiden Name Lottie ?
15. Birthplace Austria

16 (a) Informant Abraham Seaman
(b) Address 402 S Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUL 13 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/42 1942 at 8 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 13, 1942 and that I last saw her alive on July 12 1942

Immediate cause of death Heart Failure — Duration
Due to Arteriosclerotic Cardio Vascular Disease
Due to
Other Conditions Diabetes
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Goldstein M. D.
Address Sinai Hospital Date signed 7/13/42

VS 3

F 93891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 167

Registered No. F 93891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 N. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Jacobs.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Separated

6 (b) Name of husband or wife James Jacobs

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1918

8. AGE: Years	Months	Days	If less than one day
23	9	8	hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Anna Patterson
15. Birthplace Salisbury N. C.

16 (a) Informant Julia Lee
(b) Address 1015 N. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13th 1942 (Month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

JUL 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1942, at 12 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Fatal wounds of abdomen
Due to followed by Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-4-42 at 9.45 PM
(c) Where did injury occur? 1015 N. Mulberry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Sharp instrument

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-9-42

VS 6

F 93892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

Registered No. F 93892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Simon Brown
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	col	married

6 (b) Name of husband or wife Blanche Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/28/77

8. AGE: Years	Months	Days	If less than one day
64	10	11	hr. min.

9. Birthplace Chestertown (Town, county, and state)
10. Usual Occupation Saloon Keep
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Chesterlown

MOTHER
14. Maiden Name unk
15. Birthplace

16 (a) Informant Blanche Brown
(b) Address 720 pierce St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Arlington Ave
19 JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1942 at 7.15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-1- 1942 to 7-9 1942 and that I last saw h alive on 7-8 1942

	Duration
Immediate cause of death Apoplexy	7 days
Due to New pleural	
Terminal Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. L. Jackson M. D.
Address 600 N Arlington Ave Date signed 7/11/42

VS 2

F 93893 74933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93893 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred Eades

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) ~~Single, married, widowed, divorced~~

6 (b) Name of husband or wife Jeane Eades (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1886

8. AGE: Years 56 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Melchor Eades

13. Birthplace Creston, S.C.

MOTHER 14. Maiden Name Ella Donerson

15. Birthplace Creston, S.C.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1942 (month) (day) (year)

(c) Cemetery or crematory Creston S.C.

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 32 [illegible] Huntington Parkway, Md.

19 JUL 13 1942 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1942, to 7/11 1942, and that I last saw him alive on 7/11 1942

Immediate cause of death Cardiac Failure — Interval between onset and death

Due to Bilateral hydrothorax

Due to Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/16/42

Major findings of operation: Hydrothorax

of autopsy: Confirmed diagnosis of Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Hanson Thomas M. D.

Address Balto. City Hosp. Date signed 7/12/42

F 93894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a Registered No. F 93894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 Light St.
(c) Hospital or institution: So. Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glenfield Millersville, Md. RFD
(If outside city or town limits, write RURAL and give town)
(d) Street No. Crain Highway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Krick

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-16-1232

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Catherine Krick Nee Gimpel (Deceased) (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1880

8. AGE: Years 62 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Hunguary (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Self

FATHER
12. Name Peter Krick
13. Birthplace Hunguary

MOTHER
14. Maiden Name Eva Brunkl
15. Birthplace Hunguary

16 (a) Informant Mrs. Margaret Sledz
(b) Address 1620 E. Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie, Md.

19 (a) Huntington for Williams M.D. Registrar
(Date received by Registrar) JUL 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 11 1942 and that I last saw him alive on July 11 1942.

Immediate cause of death	Duration
Fracture of base of skull	
Due to Fall on stairway in our home	3 hrs
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 10 at 11.55 P.M.
(c) Where did injury occur? Millersville Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury Fall on stairway

23. Signature Paul A. Manganaro M. D.
Address 217 Light Street Date signed

Howard J. Maddox M.D.

F 93895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93895

CERTIFICATE OF DEATH

161a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1926 OAKHILL Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Jason Paul Miles Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1926 OAKHILL Ave. St., Ward Birth F 5 1529

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6 [illegible] 47

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Miles

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ethel Jacobson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Jason Miles

(Address) 1926 Oak Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 13 1942

19. UNDERTAKER Ellicott Funeral Home

(Address) 2006 Madison Ave

20. FILED JUL 13 1942 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from 7/3/ 1942 to 7/12/ 1942

I last saw h[illegible] alive on 7/12/ 1942 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
ATELECTASIS OF LUNGS	7/12/42
PROBABLY DUE TO ASPIRATION OF VOMITUS.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Morse M. D.

(Address) 1448 N. Rogers Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS B

93896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93896

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 East 6th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Handley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha Handley
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45	6	12	hr. min.

9. Birthplace Frederick Maryland
(Town, county, and State)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Philip Handley
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Pahlow
15. Birthplace Maryland

16 (a) Informant Next of Kin
(b) Address Balto Md

17 (a) Remove (b) Date thereof July 16th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Mount Cem
Location Westminster Md

18 (a) Funeral director A. Hart Eichorn
(b) Address Frederick, Huntingtor Williamsport Md

19 (a) JUL 13 1942 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1942 to 7/12 1942
and that I last saw him alive on 7/12 1942

Immediate cause of death	Duration
Pain Toxemia	
Due to Post operations	
Due to Peritonitis generalized	
Other Conditions Carcinoma Jejunum	

(Include pregnancy within 3 months of death)
Date of operation 7/1/42
Major findings of operation: Carcinoma of Jejunum
of autopsy: Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Mason Rowland M.D.
Address Church Home & Hosp Date signed 7/13/42

VS 1

F 93897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

+93C ✓ Registered No. F 93897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N. Bruchwood Dr. (If rural, give location)
(e) Citizen of foreign country? Catonsville Md (Yes or No)
If yes, name country

3 (a) FULL NAME Bertrude Rachensperger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
F	W.	

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 1904

8. AGE: Years	Months	Days	If less than one day
38	3	11/30	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John L Monaghan
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Reitz
15. Birthplace Maryland

16 (a) Informant George H Rachensperger
(b) Address 305 N Bruchwood Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A Farley
(b) Address Fulton + Fayette St

19 (a) (b) Huntingdon Williamsport Md

JUL 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 9:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 11 1942, and that I last saw her alive on July 9 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic C-V-D	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature Arthur Rosenberg M.D.
Address 5 E Agnes Hosp. Date signed 7/11/42

F 93898 COPY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 93898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Fountain Hotel
(d) Street No. Pratt and Calvert Streets (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LANDIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1867

8. AGE: Years	Months	Days	If less than one day
55	11	12	hr. min.

9. Birthplace Gloucester, Va. (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Ellis Frank Landis
13. Birthplace Lancaster, Va.

MOTHER
14. Maiden Name Roxana C. Trevillian
15. Birthplace Gloucester, Va.

16 (a) Informant Martin F. Landis
(b) Address 2638 R. I. Ave., N.E. Wash.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/22/42 (month) (day) (year)

(c) Cemetery or crematory Richmond, Va.
Location

18 (a) Funeral director Leo J. Cook
(b) Address 1701 H. Pratt St. PR 6067

19 JUN 22 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

JUL 13 1942

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1942, at 1:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mulder M.D. Medical Examiner.

Date signed June 16, 1942

F 93892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 93893 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Oakcrest Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widow

6 (b) Name of husband or wife Albert Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/1881

8. AGE: Years	Months	Days	If less than one day
61	3	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Standard Overall
11. Industry or business

FATHER
12. Name George Wagner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Minnie Fleckenstein
15. Birthplace S. Carolina

16 (a) Informant Albert Smith
(b) Address 2625 Kirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Leonard J. Pucks
(b) Address 1205 Harford Rd

19 (a) JUL 13 1942 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1942, at 11:19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to July 11 1942, and that I last saw h.e.r alive on July 8 1942

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Polycystic disease, kidneys
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. C. Wilder M. D.
Address Univ. Hosp. Date signed 7-12-42

VS 3

F 93700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 93700 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Information required by law. Failure to comply with provisions governing registration of deaths is punishable by fine. Please report any inaccuracy in the information given on this certificate to the Bureau of Vital Statistics, 111 N. Calvert St., Baltimore, Md.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN DIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1862

8. AGE: Years	Months	Days	If less than one day
80	2	19	hr. min.

9. Birthplace Towson, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs Mildred Diggs
(b) Address 2658 Flora Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (month) (day) (year)
(c) Cemetery or crematory St Thomas' Cem.
Location Randallstown, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUL 13 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942 19 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to July 11 1942 and that I last saw him alive on 7/1 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 Days
Due to: Hypertension — 2 Yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. N. Pitts M.D.
Address 1536 W. Fayette St. Date signed 7/13/42

F 93401 ✓ F 93401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAYWOOD BYRD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1891

8. AGE: Years	Months	Days	If less than one day
51	4	5	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Byrd
13. Birthplace Va.

MOTHER
14. Maiden Name Dolley Jones
15. Birthplace Va.

16 (a) Informant John H. Byrd
(b) Address 2320 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUL 13 1942 (Registered by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 11, 1942 19 , at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to July 11 1942 and that I last saw him alive on July 11 1942

Immediate cause of death Pneumonia (Bronchopneumonia) — Duration 8 days

Due to Apoplexy - (Cerebral Hemorrhage) — 6 mos.

Due to Hypertension — 6 mo.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Julian Jr. M. D.
Address 5111 N. Calvert St. Date signed 7/13/42

VS 2

F 93902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 93902
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500bl. Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERBERT K. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Agnes V. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Baltimore, Co., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Russell
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Agnes V. Jones
(b) Address 1921 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory St. Luke's Cem.
Location Hereford, Balto. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942 19 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 19 42 to 7-11 19 42 and that I last saw h[illegible] alive on July 11 19 42

Immediate cause of death: Acute perforated Gangrenous appendicitis — Duration 3 days

Due to: — Duration

Due to: — Duration

Other Conditions: Essential F. Malaria — Duration 3 months

(Include pregnancy within three months of death)

Date of operation 7-11-42

Major findings of operation: Ruptured appendix

of autopsy: Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 1[illegible] Date signed 7/12/42

VS 8

F 93903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 93903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Amelia P. Eason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/65

8. AGE: Years	Months	Days	If less than one day
77	0	14	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Richard A. Barnes
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary F. Noble
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Amelia P. Barnes
(b) Address 1610 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Bay View Cemy.
Location Coens Hill, Harford Co. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 JUL 13 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1941, to July 11 1942, and that I last saw him alive on July 6 1942.

Immediate cause of death
Generalized Arteriosclerosis
Coronary Thrombosis
Due to Cerebral Hemorrhage
Hemiplegia
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

Duration
1 yr.
11 years
6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John Ashcom M. D.
Address 1201 Poplar Grove St Date signed

VS 3

F 93904 MR 74983 BALTIMORE CITY HEALTH DEPARTMENT F 93904
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Welsh

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married, widowed, or divorced~~ x

6 (b) Name of husband or wife Frank Edwin Welsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1855

8. AGE: Years 87 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation John Henry Dury (d)
11. Industry or business Md.

FATHER
12. Name Mary Jones (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name B. C. H. Records
15. Birthplace

16 (a) Informant Thos H. Welsh
(b) Address 509 City Bank Bldg Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14/42 (month) (day)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave

18 (a) Funeral director John Ortwein Hellbrun
(b) Address 1900 Eutaw Place

19 (Date received by Registrar) JUL 13 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1942 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 7-12 1942, and that I last saw h er alive on 7-12 1942.

	Duration
Immediate cause of death ? Bleeding peptic ulcer	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rabkin M. D.
Address Balto. City Hosp Date signed 7-13-42

93905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83C Registered No. E 93905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lovedeal Madison Sts.
(c) Hospital or institution: Maryland General Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Boettger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	2.	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housekeeper.
11. Industry or business none

FATHER
12. Name Conrad Boettger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Denkhaus
15. Birthplace Maryland

16 (a) Informant George Boettger
(b) Address 631 Saunders Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudenbeck Cemetery
Location Baltimore Md.

18 (a) Funeral director Jos. Joerdens & Son
(b) Address 1927 Park Ave

19 (a) JUL 13 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9/1942 to 7/11/1942 and that I last saw h.I.V. alive on 7/11/1942.

Immediate cause of death Cerebral thrombosis — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. J. McGowan M.D.
Address 1211 N. Howard Date signed 7/11/42

VS 8

93906

HEALTH DEPARTMENT—CITY OF BALTIMORE

93906

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maple Grove Nursing Home — Registered No.

CITY OF BALTIMORE: (No. 5265 Chapelgate Lane Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo Alvin Dillon — If U. S. Veteran specify WAR

(a) Residence: No. Severn, Maryland St., Ward. Anne Arundel
(Usual place of abode) (Glenburnie) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Blackburn

6. DATE OF BIRTH (month, day, year) June 27 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ill.
(State or country)

FATHER

13. NAME Isaiah Dillon

14. BIRTHPLACE (city or town) Ill
(State or country)

MOTHER

15. MAIDEN NAME Mary Frisbee

16. BIRTHPLACE (city or town) Ill
(State or country)

17. INFORMANT Alice E Lamaster
(Address) 115 Monument St. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park Date 7/15 1942

19. UNDERTAKER John L. Miller
(Address) 2334 Lafayette Ave

20. FILED JUL 13 1942 Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 — 1942

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1942 to July 12, 1942
that saw I last alive on July 10, 1942 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerotic Heart disease	1940
Generalized Arteriosclerosis	1936
Cardiac Failure	July 3, 1942
Pulmonary edema	July 10, 1942
Senile Dementia	1941

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Earl Pope, M. D.

(Address) 4001 Wilkens Ave

93907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 93907
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 East Lake Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 East Lake Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA STUDZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Karol
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1879

8. AGE: Years	Months	Days	If less than one day
63	-	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Rybicki
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Zamenski
15. Birthplace Germany

16 (a) Informant Miss Helen Studs
(b) Address 207 East Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Sadecki & Sons
(b) Address 1808 Eastern Ave

19 (a) Date received July 13 1942 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to July 11 1942, and that I last saw h[illegible] alive on July 10 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs 1942

Due to

Due to Cardiac Decompensation — July 10/42

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rybicki M.D.
Address 501 E. Fayette St. Date signed July 13 1942

93908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46e

Registered No. F 93908

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H Cutsail.

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Catherine M.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 27, 1862

8. AGE: Years: 79 | Months: 10 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Frederick Md (Town, county, and state)

10. Usual Occupation: Retired Motorman

11. Industry or business: Balto Transit

FATHER — 12. Name: Charles H Cutsail

13. Birthplace: Md.

MOTHER — 14. Maiden Name: Rebecca McDevitt

15. Birthplace: Maryland

16 (a) Informant: Mrs Mabel A Talley

(b) Address: 1107 Newkirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/14/42 (month) (day) (year)

(c) Cemetery or crematory: Mt Olivet Cem

Location: Frederick Md

18 (a) Funeral director: William Gott Inc

(b) Address: 1217 W Baltimore St

19 (a) JUL 14 1942 (Date filed by Registrar) (b) Huntington for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1942, at 12 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 12 1942, and that I last saw h[illegible] alive on July 9 1942.

Immediate cause of death: Chronic Myocarditis — Duration: 5 yrs

Due to:

Due to:

Other Conditions: Cancer Intestinal Tract — Duration: 3 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H W Huntington M.D.

Address: 4309 Hk Rd Date signed: 7/12/42

939093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d

F 93909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Herbert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15'
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Herbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W Allender

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emily

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1869

8. AGE: Years 73 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Allender
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Sarah
15. Birthplace Carroll Co Md.

16 (a) Informant Claude Allender
(b) Address 525 S Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/42 (month) (day) (year)
(c) Cemetery or crematory Asbury M E Cem
Location Reisterstown Md

18 (a) Funeral director William Cook Jr
(b) Address 1217 St Paul St.

19 (a) Date received by local registrar JUL 14 1942 (b) Registration No. Washington Village

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942 at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to July 12 1942
and that I last saw him alive on July 8 1942

Immediate cause of death Carcinoma ? Rectum — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Cochran M D

Address 142 W North Ave Date signed 7/13/42

F 93910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

F 93910

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5003 Ross Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5003 Ross Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise G Coleman

3 (b) If veteran, name war W
3 (c) Social Security Account No. 21145

4 Sex: Female
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 3 - 1889
8. AGE: Years 52 Months 9 Days 9 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank R Coleman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Kurtz
15. Birthplace Baltimore Md

16 (a) Informant Helen Shockley
(b) Address 5003 Ross Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road
18 (a) Funeral director Wellington Cook Inc.
(b) Address 1117 St Paul Street
19 (a) (Date rec'd by registrar) (b) Huntington Willard, M.D. Registrar

JUL 14 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942 at 4:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941 to July 7 1942 and that I last saw h[illegible] alive on July 9 1942.

Immediate cause of death: Rupture of Aortic Aneurism — Duration: 6 months
Due to: Luetic Heart disease — 20 yrs.
Due to:
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Joseph R Zierler M. D.
Address 2318 Eutaw Place Date signed 7/13/42

93911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1230 McCulloh St
(b) Street address 1230 McCulloh St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Lancaster
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No.
(e) Citizen of foreign country? (If yes, give location) (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	married

6 (b) Name of husband or wife Abraham Robinson
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1895

8. AGE: Years	Months	Days	If less than one day
47	5	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Abraham Campbell
13. Birthplace Va.

MOTHER
14. Maiden Name Kate Green
15. Birthplace Va

16 (a) Informant Kate Green
(b) Address 1231 McCulloh St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Kelmscott Va.
Location Va

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) Filed 7-14-1942 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20/ 1942 to 7-11 1942, and that I last saw h[illegible] alive on July 6 1942

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertensive Heart Disease

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operations: —

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Douglas Sheppard M. D.
Address 1631 W Baltimore Date signed 7/13/42

F 93912 APR 75284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1142 Registered No. F 93912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. & 45 mins
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. West St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ralph Samuel

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0491

4. Sex M | 5. Color or race C | 6 (a) ~~Single~~, married, ~~widowed, or~~ ~~divorced~~ Married

6 (b) Name of husband or wife Mary Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1907

8. AGE: Years 35 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Rufus Samuel
13. Birthplace S. C.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director David L. Brown & Son
(b) Address 108 W Montgomery St

19 JUL 14 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 19 42, at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 19 42 to 7-12 19 42 and that I last saw h[illegible] alive on 7-12 19 42.

Immediate cause of death	Duration
? Ventricular Fibrillation	
Due to Coronary Thrombosis	2 days
Due to Calculus of Neck	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-12-42
Major findings of operation: Calculus of neck
of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Black M.D.
Address Bayle & Cathedral Date signed 7-13-42
Howard J. Mullen Jr. M.D. per DMM

VS 1

93913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 93913

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 Ethelbert ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Scott (Birth F-53079)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1942

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ralph D. Scott
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Jane Kelly
15. Birthplace Baltimore Md

16 (a) Informant Catherine Jane Scott
(b) Address 5205 Ethelbert ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1942 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cem
Location Govanstown Balto Md

18 (a) Funeral director Pratt & Otucky & Sons
(b) Address Pratt & Otucky & Sons

19 (a) Date received JUL 14 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942 at 3:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1942 to July 13, 1942 and that I last saw him alive on July 13, 1942.

Immediate cause of death: Bronchopneumonia (?) atelectasis (?)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia (?)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of plane)
(e) Means of injury

23. Signature Oscar Hartwig, M.D.
Address Franklin Square Hospital Date signed 7/13/42

VS 2

93914
418612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Joppa (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Gentry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-42

8. AGE: Years | Months | Days | If less than one day: 12 hr. min.

9. Birthplace Joppa, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Gentry
13. Birthplace N. C.

MOTHER
14. Maiden Name Opal Cox
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL JUL 14 1942
Location

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1942, at 5551 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 6 1942 and that I last saw her alive on July 6 1942

Immediate cause of death — Duration

Due to Prematurity — 12 hrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe, M.D.
Address Johns Hopkins Hosp. Date signed 7/6

VS 8

9232

93915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 93915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Chapel Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Samuel Lester Blanton (Birth F-52507)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1942

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Blanton
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Trent
15. Birthplace Virginia

16 (a) Informant Annie Blanton
(b) Address 127 N. Chapel Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 14 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1942 at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 4 1942, and that I last saw him alive on July 4 1942.

Immediate cause of death prematurity — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas J. Pastuszek M. D.
Address Date signed

VS 3

9233

F 93916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b F 93916 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Anderson 75026

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1923

8. AGE: Years	Months	Days	If less than one day
18	7	?	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Henry Harrison
13. Birthplace S.C.

MOTHER
14. Maiden Name Emma Young
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Adolphus Halstead
(b) Address 9 S Dr & Hillsdale
19 JUL 14 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 42, at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 19 42 to July 9 19 42. and that I last saw her alive on July 9 19 42.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-9-42

2331315 ✓ 1376 F 93917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 Sparrows Pt Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sterling Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1910

8. AGE: Years	Months	Days	If less than one day
31	8		hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation GARAGE WORK

11. Industry or business

FATHER
12. Name Robert Ward
13. Birthplace Md

MOTHER
14. Maiden Name Emma
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory
Location Crewe, Virginia

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUL 14 1942 (Date rec'd by registrar) (b) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942, to July 13 1942, and that I last saw him alive on July 13 1942.

Immediate cause of death Myocard(s) failure, Chronic Uremia, Chronic Anemia; Duration

Due to Prostatic enlargement with Urath. Strictures.

Due to Prostatic Abscesses

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes Findings?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Haines MD
Address Johns Hopkins Hosp. Date signed 7/13/42

Cor.

VS 8

F 93918 HEALTH DEPARTMENT—CITY OF BALTIMORE F 93918

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Carrollton St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A Young

If U.S. Veteran specify WAR .....

(a) Residence: No. 107 N. Carrollton St., Ward. S.S. No. 215-10-7690
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lillian Young
6. DATE OF BIRTH (month, day, year): May 15 1884
7. AGE: Years 58 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass Co.
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: James Young
14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Mary Ross
16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Lillian Young
(Address): 107 N Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: July 15 19 42

19. UNDERTAKER: James A Hayes
(Address): 1827 Huntington Ave

JUL 14 1942 19 Huntington Williams, M.D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1937 to July 12 1942
I last saw h... alive on July 11 1942. Death is said to have occurred on the date stated above, at 2:40 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis arteriosclerosis — | Date of onset

Other contributory causes of importance:
Cerebral Hemorrhage (2 attacks)

Was an operation performed? no Date of .....
For what disease or injury? .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David Frankel M. D.
(Address) [illegible]

F 93919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 93919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIDNEY BURLEY (Burleigh)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F Wh.

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1892

8. AGE: Years 9 Months Days 28 If less than one day hr. min.

9. Birthplace Severn, Md. (Town, County, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Summerfield Burley
13. Birthplace Severn Md.

MOTHER
14. Maiden Name Margaret Jones
15. Birthplace Harman Md.

16 (a) Informant Margaret Burley
(b) Address Harman, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery or crematory Cemetery of Mother
Location Harmans - Md

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Calvert St

19 (a) JUL 14 1942 (Date rec'd by registrar) (b) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 19 42 at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to h. death on the day stated above. Lobular

Immediate cause of death Pneumonia, lobular primary — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D. Medical Examiner.

Date signed 7-14-42

VS 6

F 93920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

Registered No. F 93920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 556 N. Mc Meeken Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 N. Mc Meeken Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbert Meekin (MEEKIN)

3 (b) If veteran, name war –

3 (c) Social Security Account No. 216-09-4866

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Alveer

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1901

8. AGE: Years 40 | Months 9 | Days 14 | If less than one day: hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nathaniel Meekin
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Hattie
15. Birthplace Cambridge Md

16 (a) Informant Irma Jefferson
(b) Address 556 N. Mc Meeken St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 42 (Month, day, year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm. Katie R. Williams
(b) Address 922 N. Calvert St

19 JUL 14 1942 (Date rec'd by Registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

	Duration
Immediate cause of death	
Hemorrhage from ruptured	
Due to Embolism into lung	
bronchus	
Due to	
Other Conditions Vascular syphilis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 7-11-42

VS 6

F 93921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93921 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Callow Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Silver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1877

8. AGE: Years 65 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Furrier

FATHER
12. Name CharlesSilver
13. Birthplace Russia

MOTHER
14. Maiden Name Eva ?
15. Birthplace Russia

16 (a) Informant Charles Silver
(b) Address 2305 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) JUL 14 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942, at 4.25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to July 13 1942 and that I last saw h[illegible] alive on July 12 1942

Immediate cause of death: Carcinoma of Prostate — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 1940

Major findings of operation: Cancer of prostate with metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack Cohen M. D.
Address 1804 E Eutaw Place
July 13, 1942 Date signed

F 93922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836

F 93922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2648 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2648 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN G. HULLETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	216 - 09 - 0540

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Emma Jane Hullett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sec. & Treas.
11. Industry or business Balto. Office Supply Co.

FATHER
12. Name John G. Hullett
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Caroline Laib
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Emma Jane Hullett
(b) Address 2648 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) JUL 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1942, at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1939, to 7-12 1942, and that I last saw him alive on July 12 1942.

Immediate cause of death	Duration
Hypertension	3 Years
Cerebral Hemorrhage	3 Years
Due to Arterial Sclerosis - Multiple	3 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Bakman M. D.
Address 128 Keyser Ave. & St. Date signed 7-13-42

VS 3

F 93923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 V

F 93923
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA DUERIGEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Richard Duerigen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1853

8. AGE: Years	Months	Days	If less than one day
89	2	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George E. Walther
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Potzer
15. Birthplace Germany

16 (a) Informant Mrs. Emma Schmincke
(b) Address 2442 Edmondson Ave.

17 (a) Burial (b) Date thereof 7/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto

19 JUL 14 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1942, 12:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1942 to July 12 1942 and that I last saw her alive on July 11 1942.

Immediate cause of death Carcinoma of right breast metastasis to right lung & skin — Duration 2

Due to — Duration

Due to — Duration

Other Conditions Arteriosclerosis Heart Disease - Senility Hypostasis — Duration 2
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert F. Schmincke M.D.
Address 2302 Edmondson Ave. Date signed 7/13/42

VS 3

F 93924 ✓ F 93924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N. Fanrale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Chase

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1601

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Loretta Chase
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1926 1915

8. AGE: Years	Months	Days	If less than one day hr.	min.
27				

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Harry Chase
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Martha Johnson
15. Birthplace Calvert Co. Md.

16 (a) Informant Martha Johnson
(b) Address 1021 N. Fanrale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/42 (month) (day) (year)
(c) Cemetery or crematory Brooklyn Cemetery
Location Frederick, Md.

18 (a) Funeral director Chas H. Pleasants
(b) Address 927 N. Monroe St.

19 (a) Filed JUL 14 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1942 to 7-13 1942, and that I last saw him alive on 7-13 - 1942

Immediate cause of death Ruptured appendix -
Due to
Due to
Other Conditions Intestinal obstruction
(Include pregnancy within 3 months of death)

Duration

Date of operation 7-1-42 & 7-9-42
Major findings of operation 1) Ruptured appendix 2) Intestinal obstruction
Date of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N. Caroline St Date signed 7-13-42

VS 3

F-93925

F 90025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

942

F 90025 F-93925 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Scott Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES W. RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8198

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie Richardson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1880

8. AGE: Years	Months	Days	If less than one day
61	6	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sadie Richardson
(b) Address 711 Scott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Park
Location

18 (a) Funeral director B. C. Hack
(b) Address 1711 E. West St.

19 JUL 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to July 13 1942 and that I last saw him alive on July 13 1942.

Immediate cause of death Heart failure — Duration
Due to Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Matalene M Cox
Address Mercy Hospital Date signed 7/13/42

Harvard L. Walters, M.D. per Dma

VS 3

93926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V

Registered No. E 93926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 Bonner (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Mary Custer

3 (b) If veteran, name war V
3 (c) Social Security Account No. V

4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Annie Catt
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Cleveland Ohio (Town, county, and state)
10. Usual Occupation Sewing Pictures
11. Industry or business Owners

FATHER
12. Name Benjamin Custer
13. Birthplace R

MOTHER
14. Maiden Name Fannie Whitman
15. Birthplace R

16 (a) Informant wife
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 7-14-42 (month) (day) (year)
(c) Cemetery Beth Jacob Frederick agent
Location Rogedale Md

18 (a) Funeral director Jos. L. Levin Sons
(b) Address 1437 E. Baltimore St
(c) JUL 14 1942 (Date rec'd by registrar)
(d) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1942 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1942 to July 13th 1942, and that I last saw him alive on July 13th 1942

Immediate cause of death Uremia — Duration

Due to Nephrosclerosis

Due to

Other Conditions Diabetes, Pulmonary Edema, Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cancer or abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Steele M. D.
Address Sinai Hospital Date signed 7/13/42

VS 3

93927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

Registered No. F 93927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2607 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie May Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Smith
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12 - 1878

8. AGE: Years	Months	Days	If less than one day
63 64	7	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Smith
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name E. Va Taylor
15. Birthplace Baltimore Md.

16 (a) Informant Harry Smith
(b) Address 2607 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schmidt
(b) Address 3101 Frederick Ave.

19 (a) [illegible] (b) Huntington Williamson, W. Va.

JUL 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1941 to July 13 1942, and that I last saw h[illegible] alive on July 9 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week.
Due to Hypertension	2 yrs.
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dorsch M. D.
Address 2530 E. Baltimore St Date signed 7-13-42

RABINOFF ✓ GHW

F 93928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93928 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 N Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Rabinoff
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Painter

FATHER
12. Name Samuel Rabinoff
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Mogelefsky
15. Birthplace Russia

16 (a) Informant Hennie Rabinoff
(b) Address 1802 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Zion Cemetery
Location Brooklyn New York

18 (a) Funeral director Jos Levenson & Bros
(b) Address 1124-26 W North ave

19 (a) JUL 14 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 7.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to July 14 1942 and that I last saw h alive on 7/12/42 1942

Immediate cause of death Coronary Embolism — Duration 2 days
Due to Coronary Sclerosis — Duration 2½ yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph Zierler M. D.
Address 2310 Eutaw Place Date signed 7/14/42

VS 3

93929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. E 93929

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 S. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KUNIGUNDA NICKEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	MARRIED

6 (b) Name of husband or wife MICHAEL NICKEL.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 12 1870

8. AGE: Years	Months	Days	If less than one day
72	7	29	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name PETER HOFFMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA GLOBE
15. Birthplace GERMANY

16 (a) Informant MICHAEL NICKEL (HUSBAND)
(b) Address 521 S. KENWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 14/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Lilly and Griler INC.
(b) 1001 W. FOLEY ST.

19 (a) JUL 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 10 50 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture of left mandible	
Due to Accidental fall	
Due to Cerebral hemorrhage arteriosclerosis	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 11, 1942 at 9 A. M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell down two steps

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 7-14-42

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. F 93930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 DAS.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Chmielewska

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: MICHAEL CHMIELEWSKA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-[illegible]

8. AGE: Years 54 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace BALTO. MD
(Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business AT HOME

FATHER
12. Name Jacob Michalak
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Nowakoski
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 16/42 (month) (day) (year)
(c) Cemetery or crematory ST. CASIMIRS CEM
Location DUNDALK AVE.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 N. WOLFE ST.

JUL 14 1942 (Date received) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1942, to July 13 1942, and that I last saw her alive on July 13 1942.

Immediate cause of death: Uremia.
Due to: abdominal carcinomatosis.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

93931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ F 93931 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Ridgewood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Alex Buckner (Birth F. 53388)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1942

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gerald J. Buckner
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Florence Sauber
15. Birthplace Baltimore, Md.

16 (a) Informant Florence Buckner
(b) Address 2912 Ridgewood Ave.

17 (a) [illegible] (b) Date thereof 7-14-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pulaski Highway Cemetery
Location Old Pulaski Road

18 (a) Funeral director Jack Levin Inc
(b) Address 1429 E. Balto. St.

19 (a) [illegible] (b) Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 5 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 13 1942 and that I last saw h[illegible] alive on July 13 1942

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Weinstein M. D.
Address 2359 Eastwood Ave. Date signed 7/13/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93932

CERTIFICATE OF DEATH

160a F 93932

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

55

2. FULL NAME Goldie Marie Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 2023 ~~Hubert St~~ N. Gilmor Ave Ward. (Birth F-53621)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1942

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Lewis

14. BIRTHPLACE (city or town) (State or country) ~~Hancock~~ Assumpta Md

MOTHER

15. MAIDEN NAME Bessie Winters

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Bessie Lewis

(Address) 2023 Herbert St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 7-16-42 19

19. UNDERTAKER Wm. Talbert & Sons

(Address) North Ave & Calvert

FILED JUL 17 1942 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1942 to July 14, 1942

I last saw her alive on July 13, 1942 Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/13/42
Other contributory causes of importance: Respiratory failure	Same

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Willard Copperfield M. D.

(Address) Mt. of Calvaria

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 93933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

F 93933
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Mt. Dorough St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Sneed

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1929

8. AGE: Years	Months	Days	If less than one day
12	7	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Benjamin Sneed
13. Birthplace Unknown

MOTHER
14. Maiden Name Ella Harrison
15. Birthplace Unknown

16 (a) Informant Novella Perry
(b) Address 825 Mt. Dorough St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location U.S. County Md.

18 (a) Funeral director Mrs. Robert G. Elliott Sr.
(b) Address 1129 N. Carlton St.

19 (a) July 14 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1942 at 2:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-12-42 at 1:40 P.M.
(c) Where did injury occur? City Harbor Ft. Howard Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Found drowned
23. Signature Howard J. Anderson M.D. Medical Examiner
Date signed 7-13-42

VS 6

F 93934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

944W

F 93934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 N. High St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. High St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Gresham COOPER

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 258-18-9957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Myra Turner
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) July 1901

8. AGE: Years	Months	Days	If less than one day
41 ~~42~~			hr. min.

9. Birthplace Griffin, Ga. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name James P. Cooper
13. Birthplace Ga.

MOTHER
14. Maiden Name Leila Moore
15. Birthplace Ga.

16 (a) Informant Wm J. Cooper, 1st Sgt. U.S.A.
(b) Address Company "B" 315 Inf.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1942 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Md.

18 (a) Funeral director P. Lee Oden
(b) Address 4644 York Road.

19 (a) JUL 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1942, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. W. Wallenmeyer M.D. Medical Examiner.
Date signed 7-8-42

VS 6

F 93935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PENALTY IMPOSED FOR FAILURE TO REGISTER

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument Street and Rutland Ave.

(c) Hospital or institution: Sinai Hospital 7-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Rockdale
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3513 Rolling Road
(If rural give location)

(e) Citizen of foreign country? mmmm (Yes or No)
If yes, name country -----

3 (a) FULL NAME George Billmyer (George Grymm Billmyer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 26, 1930

8. AGE: Years	Months	Days	If less than one day
12	0	17	-- hr. --- min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER 12. Name Albert Shipley Billmyer

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Ada Francis Wright

15. Birthplace Sharptown, Maryland

16 (a) Informant Mr. Wilbur Armstrong

(b) Address 3513 Rolling Road

17 (a) Burial (b) Date thereof 7/16/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. O. Mears & Son

(b) Address 805 N. Calvert Street

JUL 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to July 13 1942, and that I last saw him alive on July 13 1942

Immediate cause of death Congestive heart failure — Duration six days

Due to Rheumatic pancarditis — Duration 8 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Rheumatic pancarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles Thom, M.D.

Address Sinai Hospital Date signed 7/14/42

F 93936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b F 93936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1332 Weldon Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days) 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ---------

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1332 Weldon Avenue (If rural give location)

(e) Citizen of foreign country? ------- (Yes or No)

If yes, name country ------

3 (a) FULL NAME Joseph John Maltrotti

3 (b) If veteran, name war: World War No. 1

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Genevieve Cavanna

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): July 29, 1884

8. AGE: Years 57 | Months 11 | Days 13 | If less than one day --hr. ---min.

9. Birthplace: New York, N. Y. (Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: -------

FATHER — 12. Name: John Maltrotti

FATHER — 13. Birthplace: Italy

MOTHER — 14. Maiden Name: Katherine Casavilani

MOTHER — 15. Birthplace: Italy

16 (a) Informant: Mrs. Genevieve Maltrotti

(b) Address: 1332 Weldon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)

(c) Cemetery or crematory: Baltimore National

Location: Baltimore, Md.

18 (a) Funeral director: H. W. Mears and Son

(b) Address: 805 N. Calvert Street

19 JUL 14 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1942, at 4½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-1942 to 7-12-1942 and that I last saw him alive on 7-12 1942

Immediate cause of death: Exhaustion from malnutrition

Duration: 4 mo.

Due to: Carcinoma of stomach operated on 3 yrs ago — 3 yrs.

Due to: Gastro operated on for Stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation about 3 yrs ago.

Major findings of operation: carcinoma of stomach

Autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: S. Maltrotti M. D.

Address: Medical Arts Bldg. Date signed

93937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 93937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 276 S. Robinson Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 276 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Fairley

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband George J. Fairley
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 15th, 1896

8. AGE: Years	Months	Days	If less than one day
45	11	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stanley Sachczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Lorek
15. Birthplace Poland

16 (a) Informant George J. Fairley (Husband)
(b) Address 276 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann St.

(Undertaker or Embalmer) Huntington Williams M.D. (Registered)

Rec'd at 4:15

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1942, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to July 13 1942, and that I last saw her alive on July 13 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lofberg M. D.
Address 1715 S. Baltimore Blvd. Date signed 7/14/42

F 93938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H Registered No. F 93938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 Light Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Harrison

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-3605

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1918

8. AGE: Years 23 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Woodbine Carroll Co. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Alfred Harrison
13. Birthplace Woodbine Carroll Co.

MOTHER
14. Maiden Name Vannie Poole
15. Birthplace Carroll Co.

16 (a) Informant Mr. Alfred Harrison
(b) Address 1402 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1942 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Mt. Airy, Carroll Co. Md.

18 (a) Funeral director C. M. Walls
(b) Address Huntingtown, Millersville Md.

19 (a) JUL 14 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1942, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Asphyxiation
Due to Illuminating Gas
Due to
Other Conditions mental deficiency
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-11-42 at 4 A M
(c) Where did injury occur? 1402 Light St Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)
(e) Means of injury Inhalation of gas - from range

23. Signature Howard J. Oberlander M.D. Medical Examiner.
Date signed 7-11-42

VS 6

F 93939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93939 Registered No. 93e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORY RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 E. West St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 E. West St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Joseph Thuman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-2838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret M. Thuman
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1885

8. AGE: Years	Months	Days	If less than one day
56	11	3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Phillip Thuman
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Bremershausen
15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. Margaret M. Thuman
(b) Address 109 E. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 - 42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Cross
Location Anne Arundell Co. Md.

18 (a) Funeral director Elizabeth Stark Func.
(b) Address 115 E. West St

19 JUL 14 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942 at 7.33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to July 11, 1942 and that I last saw h[illegible] alive on July 11, 1942.

Immediate cause of death Acute Cardiac Dilatation, acute Pulmonary edema, Hypostatic Pneumonia, general edema

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

Duration
2-3 weeks
not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris
Address 107 E. West St. Date signed 7.13.42

VS 8

F 93940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 93940

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (Baltimore) Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Aigburth
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Dorothy Winton Ramsay (RAMSAY)

3 (b) If veteran, name war none

3 (c) Social Security Account No. None

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-1891

8. AGE: Years 51 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace England Balto.
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Robert Ramsay
13. Birthplace Australia

MOTHER
14. Maiden Name Emily Easton Boultbee
15. Birthplace England

16 (a) Informant Sister (Mrs L H Reard)
(b) Address Tudor Apts. - Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Sherwood Monroe Co.
(b) Address 108 W Monument Ave.

19 JUL 14 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1942 to 7-13 1942 and that I last saw h[illegible] alive on 7-13 1942

Immediate cause of death Cardiorespiratory failure — Duration

Due to Lobar pneumonia (Right lung)

Due to

Other Conditions Cirrhosis of liver

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pneumonia, Cirrhosis of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J Nolan
Address Union Memorial Date signed 7-13-42

VS 8

F 93941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

F 93941
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County A. A. Co.
(c) City or town Lin Thicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. Hammonds Ferry Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Taylor Cross (EDWARD TAYLOR CROSS)

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 212-05-9804

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-19-1907

8. AGE: Years 34 | Months 11 | Days 28 | If less than one day: 24 hr. min.

9. Birthplace Lin Thicum Hts Md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name Charles Cross
13. Birthplace Buffalo, N.Y.

MOTHER
14. Maiden Name Minnie Dentry
15. Birthplace Linthicum Heights Md.

16 (a) Informant Mrs. Minnie Dentry (Mother)
(b) Address Linthicum Heights Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (month) (day) (year)
(c) Cemetery or crematory Cedarfield
Location A.A. Co. Md.

18 (a) Funeral director Stewart Mortuary
(b) Address 108 W. Hoffman St.

19 JUL 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 3:2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Pituitary Tumor

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurence J. Cannon M.D.

Address University Hospital Date signed 7/13/42

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93942 CERTIFICATE OF DEATH 1942 F 93942

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Bentalou St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? 70 yrs. mos. da.

2. FULL NAME Mrs Louisa Hendel

(a) Residence: No. 605 S. Bentalou st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John Hendel

6. DATE OF BIRTH (month, day, year) Feb. 8, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bartels

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Emma Hendel

(Address) 605 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7/15/42

19. UNDERTAKER Harry F. Mitchell

(Address) 4101 Edmondson Ave.

20. FILED JUL 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12 1942

22. I HEREBY CERTIFY, That I attended deceased from July 5 1942 to July 12 1942

I last saw her alive on July 12 1942. Death is said to have occurred on the date stated above, at 1.20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerotic cardia vascular disease	6 yrs

Other contributory causes of importance:

acute uraemia	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 1230 Wilkens Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. 3

F 93943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 93943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Loudon Ave.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore, Md.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Loudon Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas G. Ford Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Anne G. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, Age 35

8. AGE: Years	Months	Days	If less than one day
35	1	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Personnel Manager
11. Industry or business Procter & Gamble Co.

FATHER
12. Name John Ford
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jessie Bennanzer
15. Birthplace Maryland

16 (a) Informant Mrs. Anne G. Ford
(b) Address 517 N. Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md.

18 (a) Funeral director Harry H. Weibel
(b) Address 401 Edmondson Ave.

JUL 14 1942 (Date accepted by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1942, to July 13 1942 and that I last saw him alive on July 13 1942.

Immediate cause of death	Duration
Uraemia	July 8 - July 13
Due to Acute Nephritis	July 6 - July 13
Due to Chronic Appendicitis	1 year
Other Conditions Appendectomy (Post Operative) (Include pregnancy within 3 months of death)	

Date of operation July-2-1942
Major findings of operation: Chronic Appendicitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Paul O. Margaraux M.D.
Address 1213 Light Street Date signed 7/13/42

F 93944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 93944

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Maryland General Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Carroll

(c) City or town Sykesville

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Grant Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice C. Stevens

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 20, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	29	hr. min.

9. Birthplace ~~Indianapolis~~ IND.

(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Andrew Jackson Stevens

13. Birthplace IND.

MOTHER

14. Maiden Name Mary Ann Holtzclaw

15. Birthplace IND

16 (a) Informant William G Stevens

(b) Address Sykesville, Maryland

17 (a) Cremation (b) Date thereof July 16 42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Washington D.C.

18 (a) Funeral director Frank J. Collins

(b) Address Washington D.C.

JUL 14 1942

(Date rec'd by registrar)

(b) Washington Williams, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 3.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 14 1942 and that I last saw him alive on July 14 1942

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Arteriosclerosis	
Due to Post Carcinoma of bladder	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature William A. Mitchell, M.D.

Address Maryland Gen. Hosp. Date signed 7/14/42

VS 3

F 93945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93945 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Road
(c) Hospital or institution:
Anderson Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Hillsdale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAY RING ROSENTHAL.

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Sigmund Rosenthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1869

8. AGE: Years 73 | Months 2 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Moses Ring,
13. Birthplace Germany.

MOTHER 14. Maiden Name Caroline Siegel,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Wm. Rosenau,
(b) Address Esplanade Apts.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/15/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Burial Undertaking Co.
(b) Address 1902 Eutaw Place.

19 JUL 14 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th. 1942 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to July 13 1942 and that I last saw h ~~er~~ alive on July 13 1942.

Immediate cause of death: Paralysis Agitans Parkinson's Disease — Duration: 3 years
Due to
Due to
Other Conditions: Senile arthritis - chronic — 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma S. Wagner M. D.
Address Esplanade Apt. Date signed 7/14/42

VS 8

93946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 93946
55E
Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Pl. & Wilson St. Marlborough Apt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apt. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RACHEL WEILLER COBLENS

3 (b) If veteran, name war ---
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Abraham Coblens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9th. 1852

8. AGE: Years	Months	Days	If less than one day
89	8	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Weiller,
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Steiner,
15. Birthplace Germany.

16 (a) Informant Miss. Dora Coblens,
(b) Address Marlborough Apts. 3 A.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Weinstein Funeral Home
(b) Address 1902 Eutaw Place.

19 (a) JUL 14 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1941, to July 13 1942. and that I last saw her alive on July 13 1942.

Immediate cause of death: Carcinomatosis
Peritoneum
Due to
Due to
Other Conditions Bronchopneumonia

Duration: 8 months / 4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert M. Gundersheimer, M.D.
Address Riviera Apt. Date signed 7/14/42

F 93947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 G

F 93947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 N. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 N. Madeira St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Petr

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Petr

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1866

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Frank Petr
13. Birthplace Bohemia

MOTHER
14. Maiden Name Catharine Charvat
15. Birthplace Bohemia

16 (a) Informant Marie Petr
(b) Address 917 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St

(a) JUL 14 1942 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to July 11 1942 and that I last saw h alive on July 11 1942

Immediate cause of death: Carcinoma of Rectum — Duration: June 1/42

Due to: Ch Myocarditis — 7/1/41

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Brady M. D.
Address 801 N. Eutaw St Date July 14 1942

F 93948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 93948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Connecticut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) yo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Connecticut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Joseph Corbett

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-6150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3. 1884

8. AGE: Years	Months	Days	If less than one day
58	2	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Time Keeper

11. Industry or business Holabird

FATHER 12. Name Patrick J. Corbett

FATHER 13. Birthplace Ireland.

MOTHER 14. Maiden Name Margaret Ryan

MOTHER 15. Birthplace Ireland.

16 (a) Informant Miss Katherene Corbett

(b) Address 4211 Connecticut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto Md

18 (a) Funeral director Mowbray & Hoyne

Address 1422 Light St

[redacted] 14 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 9.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 14 1942 and that I last saw h[illegible] alive on July 13 1942.

Immediate cause of death

Cardio-Vascular Renal — Duration 2 Years

Due to Uncontrolled Hypertension

Due to

Other Conditions Carcinoma Liver Partial — 3 Mo.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kay Bonetta M. D.

Address 4211 Connecticut Ave Date signed 7/16/42

93949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d

F 93949 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Springfield Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Leola M. Fuller

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Lester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1893

8. AGE: Years	Months	Days	If less than one day
49	11	25	4 hr. min.

9. Birthplace Rhode Island (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name (Unknown) Baines
13. Birthplace Rhode Island

MOTHER
14. Maiden Name Betsy Branagan
15. Birthplace Rhode Island

16 (a) Informant Mrs. Leona Fuller - daughter
(b) Address 612 Springfield Ave., Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1219 W. Fayette St

19 (a) Filed [illegible] Huntington Williams, M.D. Address

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 7:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7/1942 to 7/17/1942 and that I last saw h.e. alive on July 15 1942

Immediate cause of death: Adeno Carcinoma of recto sigmoid junction — Duration: 7

Due to

Due to

Other Conditions diffuse peritonitis 4 days

(Include pregnancy within 3 months of death)

Date of operation 7/15/42

Major findings of operation: Adeno carcinoma recto sigmoid junction with diffuse peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D. M. D.
Address Bon Secours Hospital Signed 7-14-42

F 93950 ANdrew

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 93950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Cathedral St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Reid.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Mrs Theresa Reid
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7. 1861

8. AGE: Years	Months	Days	If less than one day
80	11	7	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business No

FATHER
12. Name Andrew Reid
13. Birthplace Va.

MOTHER
14. Maiden Name Fanny Gaunthmey
15. Birthplace Va.

16 (a) Informant Mr Harry Reid
(b) Address 608 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Gallagher & Son
(b) Address 347 E. Lexington St. Registrar

JUL 15 1942 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to July 14 1942, and that I last saw h[illegible] alive on July 13 1942.

Immediate cause of death	Duration
cardiorespiratory failure	
Due to pneumonia	
Due to General accident	8 days
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James J. Nolan M. D.
Address Union Memorial Hosp Date signed 7/14/42

VS 3

93951 George Pettle 2435 Maryland Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. 93951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 West 27th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 West 27th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mark Hayward Strott

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 705-10-9019

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Catherine McGeary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 - 1880

8. AGE: Years	Months	Days	If less than one day
69	5	5	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)
10. Usual Occupation Railroad Brakeman
11. Industry or business Md & Pa Ry Co.

FATHER
12. Name Howard Strett
13. Birthplace Harford Co Md.

MOTHER
14. Maiden Name Jane Campbell
15. Birthplace Harford Co Md

16 (a) Informant Mrs Catherine Streett
(b) Address 216 W 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)
(c) Cemetery or crematory Walters Mem Cem
Location Cooptown Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) JUL 15 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 25 1941 to July 12 1942 and that I last saw him alive on June 1942

Immediate cause of death: Angina Pectoris — Duration 1 day

Due to: Arteriosclerotic cardio vascular disease — Duration 1 yr.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George M Pettle
Address 2435 Maryland Ave Date signed July 13 1942

VS 8

93952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d

F 93952

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2735 E. Biddle St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County - - -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2735 E. Biddle St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME CHARLES EDWARD HULSE

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth Rollman

6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Mar. 6. 1864

8. AGE: Years: 78 | Months: 4 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Chef, State Sanitarium

11. Industry or business: Sabillasville Md.

FATHER — 12. Name: Samuel Hulse - deceased

13. Birthplace: England

MOTHER — 14. Maiden Name: Betsy Rodgers - deceased

15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Lizzie Hulse (Wife)

(b) Address: 3026 Iona Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul. 15. 1942 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Cem.

Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.

(b) Address: North Ave. & Broadway.

19 (d) Jul 15 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 12. 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to July 12 1942. and that I last saw him alive on July 10 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to: Arteriosclerotic Cardiovascular Disease — 5 yrs?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature F. Karl Grossman M. D.

Address 1212 N. Patterson Pk. Date signed 7/13/42

Ave

93953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 Tivoli Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Tivoli Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME CHRISTIAN WITZGALL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary Louise Mann
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.): Mar. 27. 1855

8. AGE: Years 87 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Insurance Collector
11. Industry or business: Retired 1935

FATHER
12. Name: John M. Witzgall - deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Kunigunda Ramming-deceased
15. Birthplace: Germany

16 (a) Informant: Mrs. Lena M. Radcliffe (Daught
(b) Address: 2725 Tivoly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 15. 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 JUL 15 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 11. 1942 at 11.45P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to July 11 1942, and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: [illegible]

Due to: [illegible]

Other Conditions: [illegible]

(Include pregnancy within 3 months of death)

Date of operation: [illegible]

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [illegible]
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: O. L. Zorb M.D.
Address: 1 E. Lanvale St. Date signed 7/13/42

VS 3

F 93954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

F 93954 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balte (If outside city or town limits, write RURAL and give town)
(d) Street No. 5606 Fair Oaks Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter J. O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0385

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1873

8. AGE: Years 68 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business

FATHER 12. Name Peter J. O'Brien
13. Birthplace

MOTHER 14. Maiden Name Virginia Harrigan
15. Birthplace

16 (a) Informant Mrs. Gilman Sherwood
(b) Address 5606 Fair Oaks Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Park
Location Dolfield Ave

18 (a) Funeral director Leonard J. Reale
(b) Address 5305 Harford Rd

19 (a) JUL 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1942 to July 14 1942 and that I last saw h. l. alive on July 14 1942.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic Cardio-Vascular Renal

Due to

Other Conditions Generalized Metastatic Carcinoma of Unknown Origin

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilhelmina Lynch M. D.
Address St Josephs Hospital Date signed 7/15/42

VS 1

F 93955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 93955 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5302 Winner Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5302 Winner Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARTHA E. HAMILTON

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Hugh Hamilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1889

8. AGE: Years 53 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Joseph Evans

13. Birthplace Md.

MOTHER

14. Maiden Name Emily Rollins

15. Birthplace Md.

16 (a) Informant Mrs. Martin F. Zimmerman

(b) Address 5302 Winner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa. Aves. Balto., Md.

19 (a) JUL 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH July 12, 1942, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1942 to July 12 1942 and that I last saw her alive on July 11 1942

Immediate cause of death: Myocarditis — Duration about 4 mo.

Due to:

Due to:

Other Conditions: Arthritis deformans in spine and hands — Duration about 14 yr.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter S. Niblett M. D.

Address 2220 Garrison Blvd. Date signed

VS 8

F 93956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 93956 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 Mallow Hill Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Mallow Hill Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE ELIZABETH SHANK

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: H. Warren Shank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 8/9/1876

8. AGE: Years: 65 Months: 11 Days: 5 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Louis Snyder
13. Birthplace: Germany

MOTHER
14. Maiden Name: Augusta Trepf
15. Birthplace: Germany

16 (a) Informant: H. Warren Shank
(b) Address: 104 Mallow Hill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto.

19 (a) JUL 15 1942 (Date rec'd by Registrar) Wanting for Williams, MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1942 at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from February 1942 to July 14 1942 and that I last saw her alive on July 14 1942.

Immediate cause of death: Coronary Occlusion
Due to: Coronary Thrombosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 2 weeks / 2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Geo. Boucher
Address 413 Frederick Rd. Date signed 7/14/42

F 93957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

F 93957 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Beverly Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martha Mowers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Howard Mowers

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 28, 1876

8. AGE: Years 66 | Months 0 | Days 21 yr | If less than one day ____ hr. ____ min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Leppers
13. Birthplace Unknown

MOTHER
14. Maiden Name ? Trumwalt
15. Birthplace Unknown

16 (a) Informant Mrs C. Connors
(b) Address 3301 Beverly Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Gay St Ave

18 (a) Funeral director Leonard J. Peak
(b) Address 5305 Harford Rd

19 (a) JUL 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to July 15 1942 and that I last saw h~~e~~r alive on July 15 1942

Immediate cause of death: Cardiac Failure — Duration: 1 day

Due to: Intestinal Obstruction — Duration: 2 days

Due to: Carcinoma of Sigmoid — Duration: 4

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-24-42 & 7-8-42

Major findings of operation: Carcinoma Sigmoid

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael L. DeVincentis, M.D.

Address Mercy Hospital Date signed 7-15-42

VS 3

F 93958 12667

F 93958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1942

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 3 10
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene McCauley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed or divorced: XXXXXX

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1855

8. AGE: Years 87 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name
13. Birthplace Pa.

MOTHER
14. Maiden Name
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Baltimore

18 (a) Funeral director Albert W Berry
(b) Address 440 E north Ave

19 JUL 15 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1942, at 4 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1920 to 7-14 1942, and that I last saw alive on 7-14 1942.

Immediate cause of death	Duration
Coronary Thrombosis ?	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Webb D.
Address Balto City Hosp Date signed 7-14-42

VS 3

F 93959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1926

F 93959 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 N. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Coales

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	widow

6 (b) Name of husband or wife George Coales
6 (c) If alive, give address

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Aaron Sales
13. Birthplace Balto Md

MOTHER
14. Maiden Name Emily J. Dickerson
15. Birthplace Baltimore Md

16 (a) Informant Jas. A. Sales
(b) Address 1619 E. Monument

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

JUL 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 2 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1942 to July 13 1942 and that I last saw h alive on July 12 1942.

Immediate cause of death: Mitral Insufficiency — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher, M. D.
Address 1617 E. Monument Date signed 7-13-42

VS 3

F 93960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 93960

MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN AUSTIN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 217-10-3758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1902

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Cadenton N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name George Austin
13. Birthplace N. C.

MOTHER — 14. Maiden Name Mary Blanchett
15. Birthplace N. C.

16 (a) Informant Flayne Washington
(b) Address 108 S. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brentley Ave

19 Filed JUL 15 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942 at 2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to —

Due to —

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 7-10-42

VS 6

F 93964 74825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied, The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1621 Cliftview Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carmela Magenta

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~

6 (b) Name of husband or wife Charles Magenta

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 5, 1900

8. AGE: Years 42 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Vincent Carbone

13. Birthplace Italy

MOTHER 14. Maiden Name Margaret Pastora

15. Birthplace Italy

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17th 1942 (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd Balto Md.

18 (a) Funeral director George J. Pritts Inc.

(b) Address 1735 Linwood Ave.

19 (a) JUL 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1942, at 7 26 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1942 to 7-14 1942, and that I last saw h alive on 7-14 1942.

Immediate cause of death Chronic pyelonephritis — Duration 7

Due to — Duration 9

Due to

Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death) — Duration ?

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Rabbitan M. D.

Address Balto. City Hosp Date signed 7-14-42

F 93962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H Registered No. F 93962

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 N. Bond St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie Benson Hofstetter

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-05-8074

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7th, 1907

8. AGE Years 35 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Accountant

11. Industry or business American Oil Co.

FATHER 12. Name William H. Hofstetter Jr.

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Ella Benson

15. Birthplace Baltimore Md.

16 (a) Informant William S. Hofstetter (Bro.

(b) Address 1840 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1942 (month) (day) (year)

(c) Cemetery or crematory Lorrain Park Cem.

Location Baltimore County

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Avenue

19 (a) JUL 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942, at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Carbon monoxide poisoning
Due to suicide
Due to mental despondency
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 14, 1942 at a M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Gas jet in room

23. Signature H. W. Ellenwelter M.D. Medical Examiner.
Date signed 7-14-42

VS 6

F 93963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93963 Registered No. 2698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 Woodyear St.
(c) Hospital or institution: 15'
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 Woodyear (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lydia Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph Brown

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1868

8. AGE: Years 73 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House work

11. Industry or business Own home

FATHER
12. Name Unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Frank Brown
(b) Address 1329 Woodyear St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion
Location Md.

18 (a) Funeral director Geo. D. Kelson
(b) Address 1342 Pennsylvania Ave.

19 (a) JUL 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-1942 to 7-13 1942 and that I last saw her alive on 7-12-1942.

Immediate cause of death: Myocarditis — Duration: Unknown

Due to: Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Brown

Address 1029 N. Stricker St. Date signed 7-13-42 M. D.

VS 3

F 93964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 87 + 17 Sou Ln

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., [illegible])

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)

(d) Street No. 87 + 17 Sou Ln (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Nathan Chappell (Nathan Chappell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ida Chappell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/867

8. AGE: Years 70 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Healthburg, Va. (Town, county, and state)

10. Usual Occupation Hand

11. Industry or business

FATHER 12. Name Thomas Chappell

13. Birthplace Healthburg, Va.

MOTHER 14. Maiden Name Mary [illegible]

15. Birthplace Healthburg, Va.

16 (a) Informant Corbell Agent

(b) Address 102 Bedyan Lit Rock

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1937 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee M. Holland

(b) Address 1631 Druid Hill Ave.

19 JUL 15 1937 (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1937 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10th 1937 and that I last saw [illegible] alive July 10th 1937

Immediate cause of death Uremia Duration [illegible]

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible]

VS 8

F 93965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93965 Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Busse

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	W.	married

6 (b) Name of husband or wife Berthe Krause
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER — 12. Name	Frank
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Susanna Tribull
MOTHER — 15. Birthplace	Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Peter Wiedefeld
(b) Address 914 Greenmount Ave.

19 (a) JUL 15 1942 (Date rec'd by registrar) Arthur Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION 10 days

20. DATE OF DEATH July 14 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 14 1942 and that I last saw h[illegible] M alive on July 11 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to

Due to

Other Conditions: Heart & Kidney

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations: none
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. H. Decker M. D.
Address 928 E. North Ave. Date signed 7/15/42

F 93966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93966
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John D. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Domestic wife
11. Industry or business

FATHER
12. Name John Kirwan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Finnigan
15. Birthplace Md.

16 (a) Informant Wm. C. Ward
(b) Address 1330 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) JUL 15 1942 (Date rec'd by registrar) (b) Lexington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942, at 4:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to July 13 1942, and that I last saw h.. alive on July 13 1942.

Immediate cause of death Cerebral Thrombosis

Due to Angulation of leg

Due to Gangrene of leg

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation July 12, 1942

Major findings of operation: Gangrene

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Johnson
Address 24 Jaghi Hosp Date signed 7/15/42

VB 3

F 93967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

F 93967

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1200 Valley St.

(c) Hospital or institution: Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Day

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Colored	Widowed

6 (b) Name of husband or wife Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph Linkins

13. Birthplace Maryland

MOTHER 14. Maiden Name Jane ?

15. Birthplace Maryland

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rida Wunderfeld

(b) Address 914 Gorsuch Ave

19 (a) JUL 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 9 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 15 1942 and that I last saw h. alive on July 14 1942

Immediate cause of death: Gangrene both feet — Duration: 7 mo

Due to:

Due to:

Other Conditions: Heart + Kidney — Duration: over

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: none

of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O. T. Dunkin

Address 958 E. Fort Ave Date signed 7/15/42

VS 3

F 93968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93968 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland J
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Over 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Bateches & Lemmon (If rural give location)
(e) If foreign born, how long in U. S. A.? Over 40 years

3 (a) FULL NAME Solomon Pleet

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katie
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Pennsylvania & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Rd. & Berwyn Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore

19 (a) Date received July 15 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 42 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 16 1940 to July 14 1942, and that I last saw him alive on July 14 1942.

Immediate cause of death	Duration
Hypertension	
Arteriosclerosis	
Due to	
Due to	
Other Conditions Chr. Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin MD
Address Lewisdale Date signed 7/15/42

Sweetee Green

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 93969

CERTIFICATE OF DEATH

93d

F 93969

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1607-W Franklin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sweetee Green

If U. S. Veteran specify WAR

(a) Residence: No. 1607-W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Green

6. DATE OF BIRTH (month, day, year) Aug-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S. C.

FATHER

13. NAME Frank Williams

14. BIRTHPLACE (city or town) (State or country) Columbia S. C.

MOTHER

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (city or town) (State or country) Columbia S.C.

17. INFORMANT Lucy Bates

(Address) 938 Bedford ave Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial July 15 1942

19. UNDERTAKER Mr Kates R Williams

(Address) 2322 Eutaw St

20. FILED 19

Registrar.

JUL 15 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12, 1942

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1942 to 7-12 1942

I last saw h[illegible] alive on 7/11 1942 Death is said to have occurred on the date stated above, at 12 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Pneumonia	7/4
Cardio-vascular Renal	
Disease, Hypertension	yrs.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Jackson M. D.

(Address) 1607 W Franklin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

93970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 c

Registered No. 93970

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Lorman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SPRIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Spriggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1919

8. AGE: Years 23 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace West Friendship Howard Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Christian
13. Birthplace Poplar Springs Howard Co. Md.

MOTHER
14. Maiden Name Lottie Williams
15. Birthplace Frederick, Md.

16 (a) Informant James Spriggs
(b) Address 1824 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) JUL 15 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Intracranial hemorrhage — Duration

Due to

Due to

Other Conditions ko

(Include pregnancy within 3 months of death)
Date of operation ko
Major findings of operation:

of autopsy: ko

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 9, 1942 at 6 30 P M
(c) Where did injury occur? Shot. Patterson Highway near Bureau Ave (Street or R.F.D. No.) (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? ko
(e) Means of injury Passenger in auto car + when crashed in tree

23. Signature H. Z Wollenweber M.D. and Medical Examiner
Date signed 7-13-42

V8 6

E 93971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

Registered E 93971

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 740 Eutaw Street.
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Darrell Lee Chance

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-9450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Elizibeth

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) July 11, 1917

8. AGE: Years	Months	Days	If less than one day
25	0	0	hr. min.

9. Birthplace Martin's Co., North Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business Glen L. Martin

FATHER
12. Name R. D. Chance
13. Birthplace North Carolina

MOTHER
14. Maiden Name Emma ?
15. Birthplace North Carolina

16 (a) Informant Jonas C. Moore (Uncle)
(b) Address 253 V. St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director McKeever R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Registrar

JUL 15 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1942, at 10A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)
(Autopsy or Inquiry)

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence Probably 7-9-42 at — M
(c) Where did injury occur? City harbor, foot S Pratt St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury Found drowned

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 7-11-42

F 93972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 or

Registered No. F 93972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 N. Eden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County,
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 36 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Barringer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 7[illegible]

8. AGE: Years	Months	Days	If less than one day
68	9	29	hr. min.

9. Birthplace Salisbury N. Carolina
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Fossie Hampton
(b) Address 36 N. Eden St.

17 (a) Removal (b) Date thereof July 15 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Roanoke Virginia

18 (a) Funeral director Mrs R. G. Gleave Dft
(b) Address 1129 N. Caroline St.

19 (a) (b) Registrar

Date rec'd JUL 15 19[illegible]
Vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942, at 3 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25, 1942, to July 13, 1942 and that I last saw him alive on July 11, 1942

Immediate cause of death Cardio-Renal Disease — Duration 6 days

Due to

Due to

Other Conditions Ca. of Bronchus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Odom M. D.
Address 312 E 23rd St Date signed 7-15-42

Correct age if approximate. Typewrite or print plainly, using ink. If physician, please write the causes of death clearly and legibly.

F 93973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 93973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 St. Paul St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Emma C Burch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1872

8. AGE: Years	Months	Days	If less than one day
69	9	29	hr. min.

9. Birthplace Charles Co., Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Marcellus Burch
13. Birthplace charles co md

MOTHER
14. Maiden Name Angela Clarke
15. Birthplace Balto md.

16 (a) Informant Angela Clarke Bowling
(b) Address 1656 93rd St New York
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Henry H Jenkins & Sons Co
(b) Address McCulloh & Richard Sts
19 (a) JUL 15 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to — 19 . and that I last saw h[illegible] alive on July 14 1942.

Immediate cause of death Respiratory failure — Duration

Due to Cerebral hemorrhage

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Tenley
Address Union Memorial Hospital Date signed 7/15 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1572

F 93974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Jean Robinson (Birth F 25 JUL)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Milton Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Beatrice Wilkins
15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Mount Auburn Memorial Subdivision JUL 15 1942

18 (a) Funeral director Commissioner

(b) Address

19 (a) JUL 15 1942 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1942 at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1942 to July 7, 1942 and that I last saw her alive on July 7, 1942

Immediate cause of death Circulatory Collapse — Duration 4 hrs

Due to Cardiac Hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Hecht M. D.

Address Date signed 7/14/42

9231 Univ. Hosp.

93975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 93975

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2135 N. Gilmanton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Patterson (Geo A Smith) (Birth F. 5755)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 6 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Elsie Young
15. Birthplace Maryland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL JUL 15 1942

18 (a) Funeral director Commissioner

(b) Address

19 (a) JUL 15 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4, 1942 to July 10 1942 and that I last saw him alive on July 10, 1942

Immediate cause of death

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Earl Thebo, M. D.

Address Univ. Hosp. Date signed July 11, 42

VS 3

9238

REGISTRAR WRITES PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

416994 F 93976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 93976

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-9

2. USUAL RESIDENCE OF DECEASED:
(a) State FLA (b) County
(c) City or town Ft Myers (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Linheart Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanora B Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife John

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 10-7-91

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name WM L Tuthill
13. Birthplace Mich.

MOTHER
14. Maiden Name Eleanor Mitchell
15. Birthplace N Y

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory Kensico
Location White Plains, N.Y.

18 (a) Funeral director John C. Mudd & Son
(b) Address 5900 Eutaw Place

19 JUL 15 1942 (b) Huntington Hollins M.D.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1942 to July 14 1942 and that I last saw her alive on July 14 1942.

Immediate cause of death Pulmonary tuberculosis → Miliary Tuberculosis

Duration

Due to

Due to

Other Conditions Post-operative Malignant tumor (Include pregnancy within 3 months of death)

Date of operation 6/11/42

Major findings of operation: Malignant tumor of L. Mc Burney region

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth L. Pickrell M. D.
Address Johns Hopkins Date signed 7-15-42

93977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 193D

F 93977

1. PLACE OF DEATH Selina's Private Home

Registered No.

CITY OF BALTIMORE: (No. 604 Chapel Gate Lane St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Simpson

If U. S. Veteran specify WAR

(a) Residence: No. 5511 Narcissus Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William R. Simpson

14. BIRTHPLACE (city or town) (State or country) Lancaster Penna.

MOTHER

15. MAIDEN NAME Anna M. Smick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. N.B. Simpson

(Address) 2034 Harford Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 7-16 1942

19. UNDERTAKER Lonnie Byers

(Address) 5005 Park Heights Avenue.

20. FILED JUL 15 1942 Washington Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1942

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1941 to July 14 1942

I last saw h[illegible] alive on July 10, 1942 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Arteriosclerotic Heart disease	1934
Cardiac failure	June 30
Pulmonary edema	July 9th
Generalized Arteriosclerosis	1930

Other contributory causes of importance:

Psoriasis	1940?
Pulmonal Hypertension	1941?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Pass M. D.

(Address) 4001 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 a

✓ F 93978 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3415 Woodland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Woodland (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida B. Collison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife James B. F. Collison.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1869.

8. AGE: Years	Months	Days	If less than one day
72	7	10	hr. min.

9. Birthplace Mayo Anne Arundel Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Gardner
13. Birthplace Mayo Anne Arundel Co. Md.

MOTHER
14. Maiden Name May Tucker
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Mrs. H. O. Brashar
(b) Address 5112 Cordelia Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 17-42. (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Co. Maryland

18 (a) Funeral director Young Byers
(b) Address 5005 Park Heights Avenue.

JUL 16 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 8:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to July 14 1942 and that I last saw h[illegible] alive on July 14 1942

Immediate cause of death Cerebral Hemorrhage — Duration 7/8/42
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hans D. Barkert M. D.
Address 4863 Park Heights Ave. Date signed 7/15/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93979 Film 75052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4172 F 93979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 S. Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Pucci or Pucai

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Nina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1897

8. AGE: Years	Months	Days	If less than one day
45	1	22	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Samuel Pucai
13. Birthplace Italy

MOTHER
14. Maiden Name Nina
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 42 (month) (day) (year)
(c) Cemetery or crematory Loch Raven Cem.
Location Ergaster
18 (a) Funeral director John A. Miller
(b) Address 634 Jefferson St.
19 JUL 15 1942 (Date received by registrar) Huntington Willis M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1942 at 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1942 to 7-14 1942, and that I last saw h alive on 7-14 1942.

Immediate cause of death Carcinoma of lung & metastasis to brain — Duration 6-8 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 7-15-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73d

F 93980 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2338 E Fayette St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mario Triolo

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Triolo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 27 1893

8. AGE: Years	Months	Days	If less than one day
49	3	19	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name	Triolo
FATHER — 13. Birthplace	Italy
MOTHER — 14. Maiden Name	Not Known
MOTHER — 15. Birthplace	Not Known

16 (a) Informant Anna Triolo
(b) Address 233 Waldo St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-42 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director Thos. A. Mullen
(b) Address 2334 Jefferson St.

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-42 19 , at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9:40 AM 7-12-42 19 to 12:30 PM 19 7-14-42
and that I last saw h. alive on 7-14-42 19

Immediate cause of death	Duration
Anoxemia	
Due to Aplastic Anaemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Byerly M.D.
University Hospital
Address Date signed 7-14-42

VS 3

F 93981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

F 93981 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4403 FRANKFORD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4403 FRANKFORD AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA BECKMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife JOHN BECKMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 3 - 1869

8. AGE: Years	Months	Days	If less than one day
72	9	10	hr. min.

9. Birthplace BALTO MD
(Town, county, and state)

10. Usual Occupation AT HOME.

11. Industry or business

FATHER
12. Name JOHN MILCH KING
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant ELEANORA B SCHWARZ
(b) Address 4403 FRANKFORD AVE

17 (a) BURIAL (b) Date thereof 7 16 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location

18 (a) Funeral director Leonard J Rock
(b) Address 5305 HARFORD RD

(Date received by Registrar) 15 1942 (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to 7/13 1942 and that I last saw her alive on 7/13 1942

Immediate cause of death Carcinoma Ovary

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 11 / 42

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J S Harding
Address 4800 Belair Rd Date signed July 14 1942 D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

93982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d Registered No. F 93982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoni Jakowski

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 215-09-9546

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jadwiga
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5 1882

8. AGE Years	Months	Days	If less than one day
60	5	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Jadwiga Jakowski
(b) Address 2110 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Frank W. Ozarowski
(b) Address 1908 Eastern Ave

19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 14 1942, and that I last saw him alive on 19

Immediate cause of death

Carcinoma of Lung. — Duration 1/1/42

Due to

Due to Orchitis for years — Duration 6/15/42

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Brady M.D.
Address 801 N. Kenwood Ave Date signed July 15 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

93983

Raymond Tates

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93983

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Orchard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Tates

3 (b) If veteran, name war

3 (c) Social Security Account 217-16-6810

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1910

8. AGE: Years	Months	Days	If less than one day
37	5	20	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Retail

FATHER
12. Name Samuel Tates
13. Birthplace Md

MOTHER
14. Maiden Name Lena Hook
15. Birthplace Md DIXON

16 (a) Informant EDITH TATES
(b) Address 503 Orchard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/18/42
(month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Westport Md.

18 (a) Funeral director Adolphus Hohenadel
(b) Address 918 Druid Hill Ave.

19 (a) JUL 16 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14/42 19 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7/42 to 7/14/42
and that I last saw [illegible] alive on 7/14/42
Immediate cause of death Broncho Pneumonia — Duration 7 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Sellman M. D.
Address 502 Mosher Street Date signed 7/16/42

VS 2

F 93984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

F 93984 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Dunkirk Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Virginia Smit

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband ~~or wife~~ Peter Smit

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57	10		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Mr. John Schmidt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Witherow
15. Birthplace West Virginia Hogarth

16 (a) Informant Mrs Mary Hogarth (daughter)
(b) Address 215 Dunkirk Rd. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address

19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to July 14 1942 and that I last saw h~~er~~ alive on July 14 1942

Immediate cause of death: Cardio-Respiratory failure — Duration
Due to: Congested Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Leslie
Address Union Memorial Hosp. Date signed 7/13/42 M. D.

VS 8

93985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102 Registered No. F 93985

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 E. Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Joseph Neistadt

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-05-8005

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Fannie

6 (c) If wife, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Maurice Neistadt
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa
15. Birthplace Russia

16 (a) Informant Mrs. Samuel M. Neistadt
(b) Address 1607 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (month) (day) (year)
(c) Cemetery Baltimore Circle Cemetery
Location Mt Carmel

18 (a) Funeral director Jack Levine
(b) Address 1439 E. Balto St

19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1942 at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 15 1942 and that I last saw him alive on July 15 1942.

Immediate cause of death	Duration
Acute Cardiac Dilatation	30 min.
Due to Hypertension	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Linden M. D.
Address 14 S. Broadway Date signed 7/15/42

VS 8

93986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e F 93986 Registered No. 7885/9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 846 Powers st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Martha Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Louis E. Thompson
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 11, 1886

8. AGE: Years	Months	Days	If less than one day
56	-	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Joshua Mullinix
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Louis E. Thompson
(b) Address 846 Powers St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Langrall & Donovan
(b) Address 2615-17 Chestnut Ave.

19 (d) JUL 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13 1942 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1942 to 7/13 1942, and that I last saw h.e.r alive on 7/13 1942.

Immediate cause of death	Duration
Post operative hemorrhage	1 day
Due to Carcinoma of pancreas	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/9/42
Major findings of operation: Carcinoma of pancreas & gall
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R Dreyer M.D.
Address St. Agnes Hosp. Date signed 7/14/42 M. D.

VS 8

93987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d ✓ F 93987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette + John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 948 Webb Court (If rural give location)
(e) Citizen of foreign country? Not (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs. Hallie Ellen Francis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William N. Francis

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 20, 1897

8. AGE: Years 45 | Months | Days 24 | If less than one day — hr. — min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Wm L. Shugars
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Mathews
15. Birthplace Va

16 (a) Informant Wm N. Francis
(b) Address 948 Webb Court.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director S. Lemmon Duncan
(b) Address 2615-17 Gilmore Ave.

19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1942 to July 14 1942 and that I last saw h— alive on July 14 1942.

Immediate cause of death: Cerebral hemorrhage — Duration 2 days

Due to Hypertensive Cardiovascular disease — 4 yrs.

Due to Essential hypertension — ?

Other Conditions Old left hemiplegia — 2 yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: C.P.C. 1 June: mal. right cerebral thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Carl S. Hallijan

Address 1404 Park Ave. Date signed 7/14/42 M. D.

V3 3

F 93988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

248 Registered No. F 93988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. + Calvert
(c) Hospital or institution: Union Memorial Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) not known

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Myers

3 (b) If veteran, name war

3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife not known
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
63 (?)			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Emmanuel Myers
13. Birthplace Md.

MOTHER
14. Maiden Name Sally Furman
15. Birthplace Md.

16 (a) Informant Florence Barton
(b) Address 1410 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1942 (month) (day) (year)
(c) Cemetery or crematory St Paula
Location Arcadia Baltimore Md

18 (a) Funeral director Lehnguth & Donovan
(b) Address 345-12 Edmondson Ave.

19 (Signature of Registrar) JUL 16 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 15 1942
and that I last saw him alive on July 15 1942.

Immediate cause of death Diphtheria of Larynx
cause unknown
acute Nephritis

Due to

Due to

Other Conditions Jaundice - Liver
syphilis (?)
(Include pregnancy within 3 months of death)

Date of operation July 15 1942

Major findings of operation: exploratory

of autopsy:

Duration
Over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Barton
Address Union Memorial Date signed 7-16-42

VS 8

F 93989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93989 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1010 E. Preston St (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Carrie M. Hall

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-01-2433

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1879

8. AGE: Years 62 63 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace N. Carolina or Baltimore (Town, county, and state)
10. Usual Occupation House work.
11. Industry or business

FATHER
12. Name William H Hall
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Annie Adams
15. Birthplace N. Carolina

16 (a) Informant Mrs. W. C. Hall
(b) Address Cromwell Bridge Rd. Towson
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md
18 (a) Funeral director Fulton Cook Inc
(b) Address 1217 E. Fayette St
19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 15 1942 and that I last saw h[illegible] alive on July 15 1942.

Immediate cause of death: Heart Failure — Duration 6 hours
Due to Metastatic Carcinoma — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Matthew M Cox M. D.
Address Date signed

VS 3

F 93990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

486

F 93990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 S. Highland St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norah Peters

If U. S. Veteran specify WAR

(a) Residence: No. 34 S. Highland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thurston Peters

6. DATE OF BIRTH (month, day, year): July 29 1895

7. AGE: Years 46. Months 11 Days 14 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Wm Heffner

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Norah Heffner

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Rhodger Peters

(Address) 34 S Highland St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7/16 19 42

19. UNDERTAKER: Eugene Rice

(Address) Catonsville Md

20. JUL 16 1942 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16 1942

22. I HEREBY CERTIFY, That I attended deceased from July 2 19 42 to July 16 19 42

I last saw her alive on July 13 19 42 Death is said to have occurred on the date stated above, at 7:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward E Eslinger M. D.

(Address) 1514 E. Baltimore St Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

V2.2

93991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

596

Registered No. F 93991

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Keswick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie Mary Curtis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Thomas Curtis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 76 | Months — | Days — | If less than one day hr min.

9. Birthplace Martinsburg, W. Va. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Anthony Brown
13. Birthplace West Virginia

MOTHER
14. Maiden Name Catherine Hartman
15. Birthplace Maryland

16 (a) Informant Mrs. Ellen M. Hartz
(b) Address 3626 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address 1123 St Paul St Date signed 7/16/42

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 12:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to July 15 1942; and that I last saw h[illegible] alive on July 15 1942.

Immediate cause of death	Duration
Hypostatic pneumonia (lobar)	
Due to Cardiac failure	
Due to	
Other Conditions Arthritic deformans	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. O. Brown Jr. M.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

93992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 93992
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3513 Odonnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 OdonnellSt.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HEdwig (Hattie) A.Peetz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan.5.1873

8. AGE: Years	Months	Days	If less than one day
69	6	8	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Ludwig Drommelhausen
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Hewelt
15. Birthplace Germany

16 (a) Informant Louis Peetz
(b) Address 3513 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt.Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

JUL 16 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13- 1942 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1942 to July 13 1942 and that I last saw h[illegible] alive on July 13 1942

Immediate cause of death
Cerebral Thrombosis
Myocardial Degen.
Due to Lung.

Duration
1937

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas F. Schulman M.D.
Address 3505 Eastern Date signed 7-14-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

93993 × 486 ✓ F 93993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Josephs Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7813 Ardmore Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ella G. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife M. LeRoy Brown
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 2, 1916

8. AGE: Years	Months	Days	If less than one day
26		13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name George C. Breckenridge
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ethel Baier
15. Birthplace Baltimore Md.

16 (a) Informant M. LeRoy Brown
(b) Address 7813 Ardmore Ave.

17 (a) Burial (b) Date thereof 7/18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) 7-16-1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942, to July 15 1942, and that I last saw [illegible] alive on July 15 1942.

Immediate cause of death	Duration
Peritonitis	
hemorrhage	
Due to Pan-Hysterectomy	
Due to	
Other Conditions Sarcoma of endometrium	

(Include pregnancy within 3 months of death)

Date of operation July 14, 1942
Major findings of operation: Sarcoma about
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Catherine Murphy M. D.
Address St. Josephs Hospital Date signed 7/15/42

VS 3

Physicians: please write the causes of death clearly and legibly. Any item or information should be carefully supplied. The correct age is especially important.

F 93994 ✓ F 93994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin E. MacDonald.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-10-9003

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred Estelle MacDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1895

8. AGE: Years 46 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Lynn, Mass. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Paul Rosenthal & Associates

FATHER
12. Name William MacDonald
13. Birthplace Mass.

MOTHER
14. Maiden Name Florence Wade
15. Birthplace England

16 (a) Informant Mrs. M. E. MacDonald
(b) Address 3411 Guilford Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (Date rec'd by registrar) JUL 16 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942, at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942, to July 14 1942, and that I last saw h[illegible] alive on July 14 1942.

Immediate cause of death Pulmonary Edema
Cerebral Vascular Collapse.
Duration: 2 days

Due to Coronary Occlusion
Duration: 5 days?

Due to Obstruction of Coronary Artery
Duration: ?

Other Conditions Diabetes Mellitus
Duration: 10 years.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as stated above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander L. Brodsky M.D.
Address Sinai Hospital Date signed 7/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 93995 ✓ F 93995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 Ba Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 N Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 N Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M Metzger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~wife~~ George L Metzger 6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug 30th 1878

8. AGE: Years	Months	Days	If less than one day
63	10	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home.

FATHER
12. Name Andrew Both
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Lebold
15. Birthplace Germany

16 (a) Informant George L Metzger
(b) Address 1503 N Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G Lloyd
(b) Address 1701-03 N Patterson Park Ave

19 (a) Date received July 18 1942 (b) Registrar's signature for William [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1942, at 1 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to ——— 19—, and that I last saw ~~him~~ her alive on July 15 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	5 hrs.
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harvey H. Kaul M.
Address 1301 N. Eutaw Date signed 7-16-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1208-b

F 93996 HEALTH DEPARTMENT—CITY OF BALTIMORE F 93996

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1227 Washington Blvd Ward) 1-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARY A McCLYMONT. (Mary Amanda McClymont)

(a) Residence No. 1227 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Wm McClymont.

6. DATE OF BIRTH (month, day, year): Sept 12-1857

7. AGE: Years 84 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: John T. Hinton
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Virginia Gudgeon
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Edward L Dyer 1227 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cemetery Date: 7-17-42

19. UNDERTAKER (Address): Stewart Mortuary Co 1218 Park Ave

20. FILED JUL 16 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/15/42 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 1942 to July 15 1942

I last saw h[illegible] alive on July 15 1942 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 7/12/42

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, what city

(Signed) Shepherd Dyer M. D.
(Address) 1227 Washington Blvd

INSTRUCTIONS: Entries must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

93997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93997
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town ~~Baltimore~~ Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 Conduit St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD LEON COLBERT

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella Small
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11. 1896

8. AGE: Years	Months	Days	If less than one day
45	7	5	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Robert Colbert
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Callahan
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Park
Location Annapolis Md.
18 (a) Funeral director John M Taylor
(b) Address Annapolis Md
19 (a) Date received by registrar 7 16 1942 (b) Registrar Huntington Williams M.D.

VS 8

Veteran

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1942, at 12:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1942 to July 16, 1942 and that I last saw him alive on July 16, 1942

Immediate cause of death	Duration
Multiple pulmonary infarctions	2 wks.
Due to Arteriosclerotic heart disease	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify kind of place)
(e) Means of injury

23. Signature J Altman M. D.
Address US Marine Hospital Baltimore, Md. Date signed 7/16/42

Please write plainly. Any information you may have regarding the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 93998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Chestnut & Wellington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 W. 32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Cumor

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6628

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Hearman Cumor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1891

8. AGE	Months	Days	If less than one day
51	-	11	hr. min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation
11. Industry or business Furniture Co

FATHER
12. Name Charles Foreman
13. Birthplace England

MOTHER
14. Maiden Name Lenhoorn
15. Birthplace England

16 (a) Informant Ethel Garrett
(b) Address 3202 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)
(c) Cemetery or crematory Medow Ridge
Location Md

18 (a) Funeral director Frank W Lentz
(b) Address 814 N 36th St

19 (a) JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 11:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Acute Cardiac Failure — Duration

Due to Chronic Cardio-vascular-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McKellop M.D.
Medical Examiner.
Date signed 7/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

F 93999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136

F 93999
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Mulliken Ct
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Mulliken Ct
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lewis ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1285

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1904

8. AGE: Years 38 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Charleston, S.C
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not.
15. Birthplace Known

16 (a) Informant Sarah Lewis
(b) Address 1409 Mulliken Ct

17 (a) Burial (b) Date thereof 7/16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Watson
(b) Address 1010 Pennsylvania Ave

JUL 16 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1942 at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 13 1942 and that I last saw him alive on July 12 1942

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Adams
Address 222 E. Caroline Signed July 14 42

VS 3

F 94000 ✓ F 94000

74797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Johnson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Knotts

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-8046

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 3rd, 1889

8. AGE: Years	Months	Days	If less than one day
53	6	11	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elixah Knotts
13. Birthplace N.C

MOTHER
14. Maiden Name Martha Johnson
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (mo.) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Grant-ly ave

19 JUL 16 1942 (Date rec'd by City Registrar) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1942, at 3 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1942 to 7-14 1942, and that I last saw h[illegible] alive on 7-14 1942.

Immediate cause of death	Duration
Uremia	?
Due to Arteriolar nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rackham M. D.
Address Balto. City Hosp Date signed 7-15-42

F 94001 1942 ✓ F 94001 F 94001

418516 13

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Bethel Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Harris Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-23-40

8. AGE: Years	Months	Days	If less than one day
2	1	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Isabelle Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 16 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Elroy Wilson
(b) Address 1009 Bryant St Remington or Williams Sts

19 (a) 7-16-1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942, at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942, to July 14 1942, and that I last saw him alive on July 14 1942.

	Duration
Immediate cause of death Gun shot wound	
Due to acquisition of Tuberculous Pneumonia	
Due to Tuberculous Meningitis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irvin W. Kibbe
Address Johns Hopkins Date signed 7/16/42 M. D.

VS 3

E 94002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d Registered No. E 94002

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Bungundy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Bungundy
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ella Moore

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fml | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Fred Moore
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 2 82

8. AGE: Years 59 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Dress
11. Industry or business

FATHER
12. Name Geo Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Daly
15. Birthplace Md

16 (a) Informant Fred Moore
(b) Address 605 Bungundy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 409 North Monroe Street

19 (a) 7-16-1942 (Date received by Registrar) (b) Interred for Willia[illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1941 to July 17 1942 and that I last saw h[illegible] alive on July 14 1942

Immediate cause of death Cardiac Thrombosis

Duration: Patient

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 7/16/42

94003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 Registered No. 94003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6813 Eversall Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6813 Eversall Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert M. Roberts

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-7601

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alverda Roberts 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1st 1868

8. AGE: Years	Months	Days	If less than one day
73	9	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Lithotype

FATHER
12. Name Thomas Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Mills
15. Birthplace Md.

16 (a) Informant Mrs. C. W. Snyder
(b) Address 3045 Fleetwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17th 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) JUL 16 1942 (Date received by registrar) (b) Interim for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942 to July 14 1942, and that I last saw h[illegible] alive on July 14 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	3 hrs
Due to Arterio-Sclerosis	5 yrs
Due to Carcinoma of throat	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Zeman M. D.
Address 111 Overlea Ave Date signed

F 94004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a Registered No. F 94004

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Over 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Talgarth Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elsa Jones McElhiney

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. ~~No~~ 212-09-1519

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife

6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1885

8. AGE: Years 57 | Months 4 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. E. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Porter
15. Birthplace Ohio

16 (a) Informant
(b) Address Patient

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1943 (Month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Dreaman Cook Co.
(b) Address 1217 W Fayette St Balto

19 7 16 1943 (Date received by local registrar) (b) Wilmington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 15 1943, and that I last saw h[illegible] alive on July 15 1943.

Immediate cause of death Heart failure — Duration Terminal

Due to Anemia & Terminal — 4-6 weeks

Due to Myelogenous leukemia, acute — 2

Other Conditions Emphysema; bronchopleural fistula. Abscess, multiple right — 8 weeks
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Leukemic infiltration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Leslie M. D.
Address Union Memorial Hosp. Date signed 7/16

VS 3

94005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 94005

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mikolaj Brokowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Felikza

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Casimir Brokowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Mary Budkiewicz
15. Birthplace Poland.

16 (a) Informant Felikza Brokowski
(b) Address 519 S. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Orzazewski
(b) Address 1930 Eastern Ave
(c) JUL 16 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1942 to July 15 1942 and that I last saw h alive on July 15

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Cerebral Thrombosis 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred L Kulcak M. D.
Address 56 S Patterson Pk Ave Date signed

VS 3

F 94006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110a Registered No. E 94006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore, Md.
(c) City or town 103 S. Franklintown Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Rodwick (Peter Rodwick, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1721

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1878

8. AGE: Years 63 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Austria, Hungary (Town, county, and state)

10. Usual Occupation Boiler Attendant

11. Industry or business Nat'l Store Fixture Co.

FATHER
12. Name Peter Rodwick, Sr.
13. Birthplace Austria, Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Larry Murphy
(b) Address 2300 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller & Amonett
(b) Address 1005 W. Baltimore St.

19 (a) Date received by Registrar 7-16-1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 15 1942, and that I last saw him alive on July 15 1942.

Immediate cause of death Pneumonia
of Right Lung.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation July 1, 1942
Major findings of operation Peritonitis
Empyema, Rt Lung
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. P. Rabey M. D.
Address University Hospital Date signed July 15, 1942
Baltimore, Md.

VS 2

94007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94007
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Md

MOTHER
14. Maiden Name Mary Mousell
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/42 (month) (day) (year)
(c) Cemetery or crematory Parsons Cem
Location Salisbury Md

18 (a) Funeral director Mrs C G Menuke Sons
(b) Address Baltimore Md

19 (a) 7-16-1942 (b) Date received by Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 8:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 15 1942.
and that I last saw h~~is~~alive on July 15 1942

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to (over)	
Due to	
Other Conditions Epilepsy Fracture of R. Humerus ?	
(Include pregnancy within 3 months of death)	
Date of operation None	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. P. Raby M. D.
Address University Hosp. Date signed July 15, 42

F 94008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 94008 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4800 York Rd.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 York Rd., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G. Durr

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ******
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1868

8. AGE: Years	Months	Days	If less than one day
73	11		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Durr
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Mueller
15. Birthplace Germany

16 (a) Informant
(b) Address 4800 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director John A. Mc Cann
(b) Address 4201 Greenmount Ave.

19 (Date rec'd by Reg.) JUL 16 1942 Burtington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1942, at 7 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1942 to July 15 1942 and that I last saw h/ alive on July 15 1942

Immediate cause of death	Duration
Pneumonia (Lobar	3 wks.
Due to Cerebral Hemorrhage.	3 wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hart H. Benzon, M.D.
Address 5111 York Rd. Date July 13, 1942

F 94009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370 Registered No.

F 94009

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Guilford
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Sollers
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pennington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Grabowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Mrs. Bernard Grabowski (Celvia Alice)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/13/1868

8. AGE: Years	Months	Days	If less than one day
74	1	2	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alex. Grabowski
13. Birthplace Poland Russia

MOTHER 14. Maiden Name Mary Ann Pozzak
15. Birthplace Poland Russia

16 (a) Informant Kath. Grabowski
(b) Address Pennington + Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave. Cut

18 (a) Funeral director John A. Morgan
(b) Address 3000 E. Baltimore St.

19 (a) Date received by local registrar (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 15 1942; and that I last saw him alive on July 10 1942

Immediate cause of death Probable cerebral hemorrhage

followed surgery 7/14/42 for prostatic hypertrophy with urinary retention.

Due to

Other Conditions senescia inguinal hernia.

(Include pregnancy within 3 months of death)

Date of operation 7/14/42

Major findings of operation: prostatic senile hypertrophy.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 7/21/42

VS 3

F 94010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Forest Hill.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Golds (Charles Golds)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4/1930

8. AGE: Years 11 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Golds
13. Birthplace North Carolina

MOTHER
14. Maiden Name Dollie Eller
15. Birthplace North Carolina

16 (a) Informant Mother
(b) Address Forest Hill H.Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasent Cem.
Location North Carolina

18 (a) Funeral director Tilly & Tilden Inc.
(b) Address 405 S. Wolfe St.

JUL 16 '42 Hunting Gen Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942 at 1 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
(a) Drowning
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 13, 1942 at 12 P.M
(c) Where did injury occur? (City or town) Drowning Golds (County) (State)
Frederick Co
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury drowning

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-14-42

VS 6

F 94011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 94011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Greenwillow St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Greenwillow
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Dan Harden

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Nellie Harden
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	11	14		

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Harden
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Johns Dabrin
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Mrs. Ethel Smith
(b) Address 1092 Shields Place

17 (a) Burial (b) Date thereof 7-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) JUL 16 1942 (b) Huntington Williams M.D.
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942; at 6.22 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Chronic Hypertensive Cardio-vascular disease	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Date of operation:	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94012 T.N 75117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 4940 Eastern Ave

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1348 N. Fremont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Thomas D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66	?	?	hr. min.

9. Birthplace Halifax Co. NC (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Binams Wilkens

13. Birthplace N.C

MOTHER

14. Maiden Name Louiswe, Danield

15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave Records

Burial Proposed to (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)

(c) Cemetery or crematory Wakefield Va

Location Va

18 (a) Funeral director Mrs Nater R Williams

(b) Address 322 N Schroeder St

JUL 16 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1942 at 3'35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1942 to 7-14 1942 and that I last saw h[illegible] alive on 7-14 1942

Immediate cause of death Uremia — Duration 1 week

Due to Hypertensive cardiovascular disease — ?

Due to Arteriolar nephrosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. K. Cobb M. D.

Address Balto. City Hosp Date signed 7-15-42

F 94013

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 94013 Registered No.

CERTIFICATE OF DEATH 55E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Mrs. Lola A. Dieterich

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) Frederick G. Dieterich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1882

8. AGE: Years	Months	Days	If less than one day
59	7	19	hr. min.

9. Birthplace Virginia Richmond (Town, county, and state)
10. Usual Occupation – At Home
11. Industry or business –

FATHER
12. Name Henry Smith
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lena Hahn
15. Birthplace Baltimore

16 (a) Informant Mrs. Elizabeth Yeatt (Daughter)
(b) Address 500 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1409 E. Chase St.

JUL 16 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1942, at 4:03 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 14 1942, and that I last saw h.s.r. alive on 4th of July 1942.

Immediate cause of death Carcinoma of pelvic organs & superficial tissues of rt. inguinal region — Duration 1 mos. 12 days

Due to –

Due to –

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Mitchell M. D.
Address Maryland Gen. Hosp. Date signed 7/16/42

VS 8

94014 HEALTH DEPARTMENT—CITY OF BALTIMORE F 94014

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 E. Federal St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C. Stare

If U. S. Veteran specify WAR

(a) Residence: No. 1919 E. Federal St. St., 8-7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write this word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Stare

6. DATE OF BIRTH (month, day, year): Dec 3-1863

7. AGE: Years 78 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Daniel Irwin

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Agnes Lemon

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: John D Stare

(Address) 1919 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lebanon Pa. Date: 7-18-42

19. UNDERTAKER: Wendell E Humphreys

(Address) 1501 N. Broadway

20. July 16 1942 Washington Williamsport Md.

Via PRR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-15- 1942

22. I HEREBY CERTIFY, That I attended deceased from June 5 1942 to July 15 1942

I last saw her alive on July 14 1942 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Right Breast	3 Years
Secondary Carcinoma both Lungs.	1 Year
Other contributory causes of importance: Cachexia and Prostration	2 weeks

Was an operation performed? No Date of May 1942

For what disease or injury? Mastectomy for Carcinoma

Name of operation: Mastectomy Right Breast

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Albert Rosenberg M. D.

(Address) 7025 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 94015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registration No. F 94015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Cathedral Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 128-09-7718

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ruth Griffis Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1882

8. AGE: Years	Months	Days	If less than one day
960	1	23	hr. min.

9. Birthplace Rochester N.Y. (Town, county, and state)

10. Usual Occupation Wireman

11. Industry or business Con. Gas & Elec Co

FATHER
12. Name Hugh Smith
13. Birthplace Rochester N.Y.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Rochester N.Y.

16 (a) Informant Mrs Ruth Smith
(b) Address 36 Ernest St. Roch. N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)

(c) Cemetery or crematory White Haven
Location Rochester N.Y.

18 (a) Funeral director Wm. F. Malloy Inc.
(b) Address 2435 E. Oliver St.

19 JUL 17 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral softening of left temporal lobe of brain;
Edema of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/29/42 at 1 P.M.
(c) Where did injury occur? Farmers Stat. Balto. Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place While at work? yes. (Specify type of place)
(e) Means of injury Fell into pit

23. Signature Robert Lee Grattan M.D. Medical Examiner.
Date signed July 16 1942

VS 6

94016 T.N 74045 BALTIMORE CITY HEALTH DEPARTMENT F 94016

CERTIFICATE OF DEATH

13b Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Miller (TONY MILAUSKAS)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-1473

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1898

8. AGE: Years 43 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace Lithuania

MOTHER
14. Maiden Name Agnes Krankanckas
15. Birthplace Lithuania

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md
18 (a) Funeral director Bernard L. Hahn
(b) Address 121 E. Lafayette Ave Balto Md
19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

JUL 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1942, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1942 to July 15 1942, and that I last saw him alive on July 15 1942.

Immediate cause of death — Duration
Pulmonary tuberculosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. P. Rathbun M. D.
Address Balto City Hosp Date signed 7-15-42

F 94017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94017 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 Hanover
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Ann. Eder (Birth F-47777)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3-1942

8. AGE: Years | Months: 3 | Days: 13 | If less than one day: hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Wm Eder.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Evelyn Smith
15. Birthplace Balto Md.

16 (a) Informant Andrew Wm Eder
(b) Address 1743 Hanover St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 17/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director Bernard C Hahn
(b) Address 131 E Wash St

JUL 17 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 19 42 to July 16 19 42 and that I last saw h alive on 19

Immediate cause of death Congenital Heart Disease (Patent Foramen Ovale)

Due to

Due to

Other Conditions Pulmonary congestion
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joan Mullen

Address 1228 S. Charles St Date signed 7/16/42 M.D.

F 94018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 94018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary 7-16-42
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Valley View Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Petrona Dalidones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	10 11	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph —
13. Birthplace Europe

MOTHER
14. Maiden Name Anna —
15. Birthplace Europe

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.
18 (a) Funeral director Joseph Raymond Inc.
(b) Address 624 Washington Blvd
19 JUL 17 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1942 to 7/16 1942, and that I last saw h alive on 7/16 1942.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	4 days
Due to Hypertension & Cv Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Infirmary Date signed 7/16/42

VS 3

F 94019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 ✓

Registered No. F 94019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 S Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcia G. Buczinski (Birth F. 46759)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1942

8. AGE: Years - Months 4 Days 9 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Pete Olesker

13. Birthplace Poland

MOTHER 14. Maiden Name Helen

15. Birthplace Md

16 (a) Informant Catherine Gregorowicz

(b) Address 1009 S Kenwood ave

17 (a) Y (burial, cremation, or removal) (b) Date thereof 7-17-42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Dundalk ave

18 (a) Funeral director John J Reid

(b) Address 2429 Eastern Ave

JUL 17 19[illegible] (Date rec'd by registrar) (b) Hunting on Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19[illegible], at 8.22 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Respiratory Failure	
Due to Broncho-pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.

Date signed 7/14/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

94020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 F 94020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos. 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Vine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Henry

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	Black	Married

6 (b) Name of husband or wife Rosie Henry
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) January 8, 1888

8. AGE: Years	Months	Days	If less than one day
54	6	2	hr. min.

9. Birthplace Cambridge, Md (Town, county, and state)
10. Usual Occupation Farm work Laborer
11. Industry or business

FATHER
12. Name John W. Henry
13. Birthplace Chest Creek, Md.

MOTHER
14. Maiden Name Mandy Jenkins
15. Birthplace Tom Point, Md.

16 (a) Informant Warden Brady
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 '42 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Cambridge, Md.

18 (a) Funeral director Laws H. Bayne (Ravenum)
(b) Address Cambridge, Md.

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1942, at 12:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942 to July 10 1942 and that I last saw h[illegible] alive on July 10, 1942.

Immediate cause of death Dislocation of 5th cervical vertebra — Duration
Due to Execution by hanging
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify home or place)
(e) Means of injury
23. Signature P. Seabrooks M. D.
Address 1123 St. Paul St. Date signed 7-10-42

VS 3

F 94021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 94021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3932 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3932 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Pallhon,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Eugene Pallhon,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 9, 1846

8. AGE: Years	Months	Days	If less than one day
95	8	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Klinger,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Helen Stevens,
(b) Address 3932 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JUL 17 1942 (Date received by Local Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to July 15 1942 and that I last saw her alive on July 15 1942.

Immediate cause of death Coronary Thrombosis — Duration 48 hrs
Due to Renal Arterio Sclerosis
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S. Ashcraft M. D.
Address 1417 Park Ave. Date signed 7-15-42

94022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d Registered No. E 94022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7810 Oak Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY BAUMANN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Ann Stab
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 29, 1876

8. AGE: Years	Months	Days	If less than one day
66	1	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Beer Brewer-1920
11. Industry or business

FATHER
12. Name Henry Baumann
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Stuber
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 42 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Balto Co. Md.

18 (a) Funeral director Frankum Funeral Home
(b) Address 7401 Belair Rd.

19 (a) [redacted] (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1942, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1942, to July 16, 1942, and that I last saw him alive on July 16, 1942.

	Duration
Immediate cause of death: Hemothorax	1 day
Due to: Dissecting aneurysm of aorta	1 wk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address US Marine Hospital Date signed 7/16/42
Baltimore, Maryland.

VS 3

94023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Covelaka
(a) Baltimore City, Maryland
(b) Street address Lake Montebello
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Montebello (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEWIS A. KIDD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Sarah E. Kidd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1852

8. AGE: Years	Months	Days	If less than one day
90	1	9	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lewis A. Kidd
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Lynch
15. Birthplace Md.

16 (a) Informant Mrs. Gerard Back
(b) Address 3503 Harford Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Loudon Funeral Home
(b) Address 7401 Belair Road

19 (a) JUL 17 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1941, to July 16 1942 and that I last saw h.i.m. alive on July 16 1942

Immediate cause of death Arteriosclerotic Cardiovascular Renal Disease — Duration Nov 1941

Due to Coronary Thrombosis — 7/16/42

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. W. Edmunds M.D.
Address 2746 Alameda Blvd Date signed 7/17/42

VS 3

F 94024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94024

CERTIFICATE OF DEATH

63b

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Division St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel N. Harris

If U.S. Veteran specify WAR .....

(a) Residence: No. 1204 Division St., Ward S. S. # 218-14-1072

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A. Harris

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rufus Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nellie Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Nellie Thompson (mother)

(Address) 1204 Dunbarton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date July 17 1942

19. UNDERTAKER V. Brooks

(Address) 1629 N. Carey St

20. Filed JUL 17 1942 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1942

22. I HEREBY CERTIFY, That I attended deceased from June 20 1942 to July 14 1942

that saw her alive on July 14 1942 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	9
Renal Disease	1
Other contributory causes of importance: Epithelioma Goitre	7
Goitre	7

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Stuart Hughes M. D.

(Address) 1443 Druid Hill Ave

VS 3

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every answer should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

F 94025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. St. Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster Md. (If outside city or town limits, write R. F. D. and give town)
(d) Street No. 83 W. Main St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Arthur S. Yingling

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-11-70

4. Sex M.

5. Color or race W.

6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife Helen Seipp

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1896

8. AGE: Years 45 Months 8 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Westminster Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business Balto. Body Corp.

FATHER
12. Name William R. Yingling
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Frish
15. Birthplace Md.

16 (a) Informant Mrs. Helen S. Yingling
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory KREIDERS
Location NR. WESTMINSTER, MD

18 (a) Funeral director H. BANKARD - SON
(b) Address WESTMINSTER, MD.

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/42 19 at 6 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9/42 19 to 7/17/42 19 and that I last saw h[illegible] alive on 7/17/42 19

Immediate cause of death: Perforation of typhoid ulcer of ileum

Due to: Typhoid fever

Due to: ____

Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings: Of operations 7/17/42 Perforated typhoid ulcer of ileum

Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature W. J. McKinnon M.D.
Address Md St. Hosp. Date signed 7/17/42

VS 8

94026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fillmore & Caton Ave.

(c) Hospital or institution: Saint Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Va (b) County

(c) City or town Richmond (If outside city or town limits, write RURAL and give town)

(d) Street No. 10 S. 26 1/2 St. (If in Baltimore)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James E. Donahue.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife D. Meredith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1884

8. AGE: Years	Months	Days	If less than one day
58.	4	1	hr. min.

9. Birthplace Virginia (Town, County, and state)

10. Usual Occupation Real Estate

11. Industry or business U.S. War Dept.

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Charles Donahue

(b) Address 9 South Blvd. Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery

Location Richmond Va.

18 (a) Funeral director Martin Talley & Sons

(b) Address 1827 W. North Ave.

19 (a) JULY 17 1942 (Date received by registrar) Huntington Williams H.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942, to July 16 1942, and that I last saw him alive on July 16 1942.

Immediate cause of death Coronary heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Gethen Rosaberg M.D.

Address 8 W. Grace St. Date signed 7/16/42

VS 8

F 94027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 d

F 94027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Clifton Ave
(c) Hospital or institution: 15 T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hulda Schaut Kraft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Leonard G. Kraft
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25 1876

8. AGE: Years	Months	Days	If less than one day
65	9	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Schaut
13. Birthplace Germany

MOTHER
14. Maiden Name Hedwig VonWattenscheidt
15. Birthplace Germany

16 (a) Informant Charles L. Marlow Jr.
(b) Address Northwood Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Greenmount Ave.

18 (a) Funeral director John A. Mitchell Funeral Home
(b) Address 1800 Eutaw Place

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to July 14 1942, and that I last saw h alive on 19

Immediate cause of death Chronic cardio vas. disease hypertension — Duration ?

Due to Cerebral hemor. — Duration 24 hrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest R. Kraft
Address 732 Pop. Av. Date signed 7/15/42 M. D.

VS 2

F 94028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/93D

F 94028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N Streeper St
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Kaiser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25 - 1865

8. AGE: Years	Months	Days	If less than one day
77	5	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Shoemaker - Self
11. Industry or business

FATHER
12. Name Nicholas Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Klingschmidt
15. Birthplace Germany

16 (a) Informant Louis Kaiser
(b) Address 117 N Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director John C Miller & Son
(b) Address 2435 E Oliver St

19 JUL 17 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1942 at 1 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to July 15 1942, and that I last saw him alive on July 15 1942.

Immediate cause of death Chronic myocarditis — Duration
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. Eastern Date signed 7-17-42

94029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54 B

Registered No. F 94029

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Iceland (b) County
(c) City or town Akureyri
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Iceland

3 (a) FULL NAME JOHANN KRISTJANSSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Adalheidur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	3	hr. min.

9. Birthplace Iceland (Town, county, and state)
10. Usual Occupation Boat Builder
11. Industry or business

FATHER
12. Name Kristjan Skulason
13. Birthplace Iceland

MOTHER
14. Maiden Name Unnur Johannsdottir
15. Birthplace Iceland

16. (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Cremation (b) Date thereof July 17 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location

18 (a) Funeral director A. Rankin Cade
(b) Address 4407 York Road

19 JUL 17 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1942, at 4:00a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1942 to July 11, 1942. and that I last saw him alive on July 11, 1942

Immediate cause of death	Duration
DIFFUSE MELANOSARCOMA AT THE BASE OF THE BRAIN	2 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Feb. 5;12;28, 4/18/42
Major findings of operations: Encephalography craniotomy; brain operation, expl. ventriculography. craniotomy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Adams
Address US Marine Hospital, Baltimore, Md. Date signed 7/15/42 M.D.

F 94030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94030

Registered No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Annapolis ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Annapolis ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Solon H. Miles

3 (b) If veteran, name war —

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4 1889 (69)

8. AGE: Years	Months	Days	If less than one day
73	mo	12	hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Millie Dorsey
(b) Address 2442 Annapolis ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Isaiah C. Brampton
(b) Address 1818 W. Monroe St.

19 JUL 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 8a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 16 1942 and that I last saw him alive on July 15 42

Immediate cause of death Ventricular Heart Failure — Duration 2 Wks

Due to Arterio Sclerosis — 2 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Williams M.D.
Address 2708 Hollins Ferry Rd. Date signed 7/16/42

F 94031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1226

Registered No. F 94031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 Peach St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Peach St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda Bralschat

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1903

8. AGE: Years 38 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace Rosboro N.C. (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Bralschat
13. Birthplace N.C.

MOTHER
14. Maiden Name Sallie Johnson
15. Birthplace N C

16 (a) Informant Harrison Bralschat
(b) Address Fendall Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) Filed 7-17-1942 (Date received by registrar) Huntington Williams M.D.

JUL 17 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 13 1942, and that I last saw deceased alive on July 13 1942.

Immediate cause of death: Intestinal Obstruction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M E Shipley

Address 803 N Fremont Date signed July 15

F 94032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94032 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 S. Potomac (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Francesco Mascetti

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Widowed

6 (b) Name of husband or wife late Teresa Mascetti
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 3rd 1870

8. AGE: Years	Months	Days	If less than one day
72	6	13	hr. min.

9. Birthplace Priverno Italy (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Luigi Mascetti
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Felice Donati
15. Birthplace Italy

16 (a) Informant Agostina Mancini (Daughter)
(b) Address 719 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Vore
(b) Address 52 N. Morley St.

19 (a) JUL 17 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16. 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13. 1937 to July 16. 1942, and that I last saw h. in alive on July 16. 1942

	Duration
Immediate cause of death: Congestive Heart Disease or	
Acute Myocardial Failure	1 day
Due to: Broncho Pneumonia	4 days
Due to: Arteriosclerosis	Unknown
Chronic Myocarditis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip Antignani M. D.
Address 2942 E. Fayette St. Date signed 6/17/42

VS 3

F 94033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 B

Registered No. F 94033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3128 Remington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-7
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Remington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM HENRY FLOCK

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 216-01-6791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1904

8. AGE: Years	Months	Days	If less than one day
37	11	2	hr. min.

9. Birthplace Arbutus, Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Garage Helper
11. Industry or business Frank Greenwood Co.

FATHER
12. Name John F. Flock
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Annie M. Vogt
15. Birthplace Ohio

16 (a) Informant Mrs. Nellie Vogt
(b) Address 3128 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 JUL 17 1942 (Date received by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1942, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to 7/16/1942, and that I last saw h. alive on 7/16 1942.

Immediate cause of death: Uremia — Duration 5 weeks
Due to Rheumatic Heart Disease — 25 years
Due to Mitral Stenosis & Insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurston Cooper M. D.
Address 210 Park Ave Date signed 7/17/42

F 94034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 94034 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1132 McKean Ave.
(c) Hospital or institution: 16-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 McKean Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY KATHERINE TAWNEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Andrew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1871

8. AGE: Years	Months	Days	If less than one day
70	9	25	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown Little
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Lochart
15. Birthplace Md.

16 (a) Informant Mrs. Mary A. Tawney
(b) Address 1132 McKean Ave.

17 (a) Burial (b) Date thereof 7/18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Leisters Luthern Cem.
Location Carroll County, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 JUL 17 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1942, at 5:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 1940, to July 1942 and that I last saw h- alive on 7-13 1942.

Immediate cause of death
PNEUMONIA. — Duration 2 days

Due to CEREBRAL HEMORRHAGE — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman R. Kleiman, M.D.
Address 1101 N. Fulton Ave. Date signed 7/16/42

F 94035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No. F 94035

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Homewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche Gassaway

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1932

8. AGE: Years 10 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward E. Gassaway
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elly Van Metys
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edward E. Gassaway
(b) Address 1116 Burgundy St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) JUL 17 1942 (b) Huntington Williams, M.D. Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1942 at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Accidental Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/15/42 at 4:30 P.M.
(c) Where did injury occur? Patch Quarry, Belair Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Water (Specify type of place) While at work? No
(e) Means of injury Drowned while swimming

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed 7/16/42

VS 6

94036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94036

Registered No. 1312a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cland Leach

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-3103

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	M

6 (b) Name of husband or wife Maggie. Leach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1882

8. AGE: Years	Months	Days	If less than one day
59	11	2	hr. min.

9. Birthplace Raleigh N. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Maggie Leach
(b) Address 111 N. mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-42 (month) (day) (year)
(c) Cemetery or crematory Orbuldo Co
Location Baltimore Co

18 (a) Funeral director Sam'l N. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) JUL 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 15 1942
and that I last saw him alive on July 13 1942

Immediate cause of death
Uremia Acute Cardio-Renal
Vascular, Syndrome
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Fletcher
Address 122 S. Broadway Date signed 7/16/42

VS 8

F 94037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 417968

F 94037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 839 Hallows St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles James Galines (Birth F. 37077)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-41

8. AGE: Years	Months	Days	If less than one day
1	11	—	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Galines
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Walbrek
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (b) Date thereof 7/18/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Rockville, Md.

18 (a) Funeral director Robt. Gorman & Son
(b) Address 941-3 Hallows St.

19 JUL 17 1942 Huntington Williams M.D.
(Date Rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to July 16 1942 and that I last saw h.m alive on July 16 1942

Immediate cause of death: Tuberculous meningitis — Duration 10 days
Due to: Tuberculosis —
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Hafter (J.H.H.)
Address Baltimore Date signed 7/18/42

VS 3

F 94038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

F 94038

Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert

(c) Hospital or institution: Mercy 4'

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(c) City or town Baltimore Overlea

(If outside city or town limits, write RURAL and give town)

(d) Street No. 7523 Belair Rt.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. George A Mauser

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-9226

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Elizabeth Mauser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11-1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	3	5		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Fatherman

11. Industry or business

FATHER

12. Name Daniel A. Mauser

13. Birthplace Maryland

MOTHER

14. Maiden Name Elizabeth Hedges

15. Birthplace Pennsylvania

16 (a) Informant Margaret M. Hussey

(b) Address 519 N. Washington St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 20 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Pleasant

Location 4300 Belair Rd

18 (a) Funeral director Mount E. Chapel

(b) Address 7110 Belair Rd

19 JUL 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 1:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 16 1942, and that I last saw him alive on July 16 1942

Immediate cause of death Heart failure — Duration 6 minutes

Due to Septicemia — Duration 2 days

Due to Gangrene — Duration 5 months

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Matthew M Cox M. D.

Address Date signed

VS 3

94039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A.Co.
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Dean

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Leonard Dean
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace A A Co Md
(Town, county, or state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel O. Hall
13. Birthplace A A Co Md

MOTHER
14. Maiden Name Nellie A. Tess
15. Birthplace A A Co Md

16 (a) Informant Victoria Milburn
(b) Address

17 (a) Burial (b) Date thereof 7/18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Magothy
Location A A Co Md

18 (a) Funeral director Robert E. Williams
(b) Address 15 15 McElderry St

19 JUL 17 1942 Huntington Williams M.D.
(Date received by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-42 19, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18-42 19 to 7-15-42 19, and that I last saw h.e alive on 7-14-42 19.

Immediate cause of death	Duration
metastasis from Carcinoma	
Due to Carcinoma of Head of pancreas	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beverly Jr.
Address University Hospital Date signed 7-15-42 M. D.

94040 | 75067 | BALTIMORE CITY HEALTH DEPARTMENT | F 94040

CERTIFICATE OF DEATH ✓14

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14 days
(e) Length of stay in Baltimore (yrs., mos., or days): ?

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1006 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Joseph Murray

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
? 40	?	?	hr. min.

9. Birthplace: ? (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Baltimore City Hopsitals
(b) Address: Records

17 (a) Burial, cremation, or removal: (b) Date thereof: 7/21-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: A. A. County
18 (a) Funeral director: Lottie Bros
(b) Address: 1408 Ashland Ave.

19 (a) JUL 17 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-15 1942, at 6 44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 7-15 1942 and that I last saw him alive on 7-15 1942.

Immediate cause of death: Tuberculous meningitis — Duration: 1 Wks

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Yes above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. K. Rathbun M. D.
Address: Balt. City Hosp. Date signed: 7-16-42

VS 3

94041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. E 94041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution: Aged Women's & Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Kempter

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Charles A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1851

8. AGE: Years	Months	Days	If less than one day
91	4	9/10	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name John Walters
13. Birthplace

MOTHER 14. Maiden Name Martha Steele
15. Birthplace

16 (a) Informant Aged Women's & Aged Men's Home
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1567 St. Paul St.

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/1927 19..., to 7/15/42 19..., and that I last saw her alive on 7/15/42 19...

Immediate cause of death	Duration
Myocarditis chronic	7 yrs.
Due to	
Due to	
Other Conditions Generalized arteriosclerosis. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. A. Kempter M.D.
Address 1115 St. Paul St., Balto. Date signed 7/16/42

VS 3

94042 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. F 94042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 da

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND County
(b) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2758 ALAMEDA BOULEVARD (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Jr Thornton (Birth F-53007)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 8, 1942

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Union MEMORIAL HOSPITAL, BALTIMORE (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JAMES ROYAL THORNTON
13. Birthplace

MOTHER
14. Maiden Name ELIZABETH BILLINGLEY
15. Birthplace MARYLAND

16 (a) Informant MOTHER (MRS. JR. THORNTON)
(b) Address 2758 ALAMEDA, BALTIMORE

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Kernewood Lawn

18 (a) Funeral director Arrington Sons
(b) Address

19 (a) JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 12 1942, at 9 16/60 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to July 12 1942 and that I last saw h[illegible] alive on July 12 1942.

Immediate cause of death	Duration
Asphyxia	[illegible]
Due to Atelectasis	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/12/42 - Tracheal suction
Major findings of operation: large amount of mucous in left bronchus.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Franklin McCauley
Address 3427 E. Pratt St. Date signed 7/13/42.

VS 2

F 94043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94043 Registered No. 1478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3618 Hayward Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Rauzino (RAUZINO)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Vincent Rauzino
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1906

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	10	23		

9. Birthplace Ohio Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home

FATHER
12. Name Joseph Serafinto
13. Birthplace Italy

MOTHER
14. Maiden Name Grace Pappagino
15. Birthplace 3618 Hayward ave.

16 (a) Informant Vincent Rauzino
(b) Address 3618 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

19 JUL 17 1942 (Date rec'd by Reg.) Standish O'Neill Whitelaw M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 9 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Atelectasis of lung, left. — Duration: [illegible]
Due to
Due to
Other Conditions Full term, pregnancy (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 16 1942

VS 6

F 94044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

F 94044 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 Ruskin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 Ruskin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie A. Moroney

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Michael Moroney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1868

8. AGE: Years	Months	Days	If less than one day
73	11	28	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Cornelius Lovett
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Hopkins
15. Birthplace Ireland

16 (a) Informant Mr. Moroney
(b) Address 2231 Ruskin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 greenmount Ave

19 JUL 17 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to July 15 1942
and that I last saw h alive on July 15 1942

Immediate cause of death Uraemic Nephritis
Arteriosclerosis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred B Jewett M. D.
Address 2516 Penn. Ave Date signed July 17 1942

VS 3

Fred B Jewett Penn Ave 2516

94045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Jasper Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUL 15 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) JUL 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29- 1942 at 8 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to multiple fractures	
Due to	
Other Conditions Multiple bruises and contusions (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-27-42 at 12.30 A.M
(c) Where did injury occur? Baltimore City, 300' W. of W.M.R.R. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Howards M.D. Medical Examiner.

Date signed 7-1-42

VS 4

9242

94046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Albert C. Jaffin alias Albert C. Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 13 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3- 1942, at 12 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Stab wound of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 7-3-42 at 12 50 A M
(c) Where did injury occur? Baltimore Maryland
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Stab wound

23. Signature Herman J. Madden M.D.
Medical Examiner.
Date signed 7-3-42

VS 6

9245

94047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1183 F 94047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Anchorage Hotel Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Driscoll

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address JUL 13 1942

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1942, at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence June 29 1942 at 9:30 A.M.
(c) Where did injury occur? Pier #4
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? Yes
(Specify type of place)
(e) Means of injury Fell into harbor

23. Signature Robert Lee Fraser M.D.
Medical Examiner.
Date signed June 30 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

9244

94048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94048 (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Harney Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 S. Albemarle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PETER VORONOVITCH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 15 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 13 1942 (Date rec'd by registrar) (Signature) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942, at 12:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest — Duration:
Due to
Due to
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 20, 1942, 12:40 M
(c) Where did injury occur? Pratt & Albemarle (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Corner While at work? No (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-22-42

9248

F 94049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94049 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Auchentoroly Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus M. Denhard

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louisa K Denhard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/3/75

8. AGE: Years	Months	Days	If less than one day
66	10	14	hr. min.

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER 12. Name	Adam Denhard
13. Birthplace	Germany
MOTHER 14. Maiden Name	Caroline Boss
15. Birthplace	Germany

16 (a) Informant Son-Augustus Denhard
(b) Address Randallstown Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md

18 (a) Funeral director Wm Tucker Sons
(b) Address North & Payson

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 19 42 at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1942 to 7/17 19 42
and that I last saw h alive on 7/17 19 42

Immediate cause of death Respiratory failure — Duration

Due to Cardiac Weakness — 2 Years

Due to Coronal Thrombosis Accident

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Mahar
Address Union Memorial Date signed 7/12/42

VS 3

F 94050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 N. Hilton St.
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Montrose Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE C. BAYRLE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: John A. Bayrle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	16	hr. min.

9. Birthplace Chicago, Ill. (Town, county, and state)
10. Usual Occupation retired nurse
11. Industry or business

FATHER
12. Name William Eckhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Marguerita Eckler
15. Birthplace Baltimore

16 (a) Informant Miss Marguerite L. Bayrle
(b) Address 219 Montrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves., Balto., Md.

19 JUL 17 1942 (Date rec'd by registrar) (b) Huntington Nelligan M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 5.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940, to July 16 1942, and that I last saw her alive on July 16 1942.

Immediate cause of death	Duration
Cerebral Embolus	Immediate
Arteriosclerotic Heart Disease	10 yrs.
Due to Hypertrophy of Arteriosclerosis	10-15 yrs.
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Nelligan M. D.
Address 1814 Eutaw Place Date signed 7-16-42

VS 3

M. D. S. 1268-0

94051 HEALTH DEPARTMENT—CITY OF BALTIMORE F 94051

CERTIFICATE OF DEATH 1932

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Payson St., ... Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Lilian Faber

(a) Residence: No. 411 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Faber

6. DATE OF BIRTH (month, day, year) February 6-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Faber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Underwood

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lyle L. Abbott

(Address) 411 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18th, 19 42

19. UNDERTAKER F. O. Wisbert's Son

(Address) 500 Eutaw Place

Filed JUL 17 1942 Herbert Williams Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1942 to July 16th, 1942

I last saw h.. alive on July 14th, 1942 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Cardio Vascular Disease	2.
Arterio sclerosis	2.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Sankey M. D.

(Address) 100 N. Milton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Burk

F 94052 ✓ 52651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓1194

F 94052 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 E. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wilkinson (Birth F-52651)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 - 1942

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name John Wilkinson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Clara Petrone
15. Birthplace Baltimore Md

16 (a) Informant Father
(b) Address 2617 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2418 E. Baltimore

19 (a) 17 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 17 1942 and that I last saw him alive on July 17 1942

Immediate cause of death: Diarrhea of Infancy — Duration 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesling M. D.
Address St Joseph's Hosp. Date signed 7-17-42

VS 3

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94053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town (If outside city or town limits write RURAL and give town)
(d) Street No. 2107 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard George Klitch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Eleanor G Klitch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1862

8. AGE: Years 79 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (City, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs Emma Lee
(b) Address 2107 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 1307 St Paul Street

JUL 18 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 9.25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 16 1942 and that I last saw h alive on July 16 42

Immediate cause of death Paralysis
Due to Hypertension & Arteriosclerosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

Duration: 4 days, unk, unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature D. A. Richardson
Address 1 or Ur 25 St Date signed July 17 42

VS 3

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address London & Aiken Sts.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Nelson

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1855

8. AGE: Years	Months	Days	If less than one day: hr.	min.
86	11 10	22		

9. Birthplace Charlestown, South Carolina (Town, county, and state)
10. Usual Occupation Lives in Old Mt. Home
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Catherine E. Rada
(b) Address Sup't of Nurses Nightingale Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wellington Coffee
(b) Address 1411 Pennsylvania Ave

19 (a) JUL 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 9.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942 to July 16 1942 and that I last saw h[illegible] alive on July 16 1942

Immediate cause of death: Myocardial Insufficiency

Due to Congestive heart failure

Due to old age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. McKernon
Address Md. Gen. Hosp. Date signed 7/18/42
Howard J. Madden M. D.

VS 1

Please write clearly, with ink. Entries must be complete and correct. Information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P 94055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No. P 94055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 4025 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Sarah Elizabeth Wyatt

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife [illegible]
6 (c) If [illegible] give age [illegible] years

7. Birth date of deceased (mo., day, yr.) June 1 1876 1854

8. AGE: Years	Months	Days	If less than one day
86	1	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alexander D Wyatt
13. Birthplace Johnson

MOTHER
14. Maiden Name Sarah Wilson
15. Birthplace Johnson

16 (a) Informant Margaret Mary
(b) Address Bonner Ga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Good Inc
(b) Address 1219 E Fayette St

19 (a) Filed JUL 18 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942, to July 16 1942, and that I last saw h[illegible] alive on July 16 1942.

Immediate cause of death Heart Failure + Bronchopneumonia — Duration

Due to Appendiceal Abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Appendiceal Abscess

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] J. McKinnon
Address Md. Gen. Hosp. Date signed 7/16/42 M. D.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

94056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 94056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Normal Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar R. Arndt

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-9771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Alice Arndt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-1919

8. AGE: Years	Months	Days	If less than one day
53		17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Guard.
11. Industry or business

FATHER
12. Name Charles G. Arndt
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma A. Budd
15. Birthplace Balto Md.

16 (a) Informant Wife - Mary Alice Arndt
(b) Address 1630 Normal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Williams Cook, Inc
(b) Address 1247 Lt. Paul St.

JUL 18 [illegible] (a) Huntington Williams (b) M.D.
(City Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 7:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 17 1942 and that I last saw h[illegible] alive on July 17 1942.

Immediate cause of death	Duration
Congestive Heart Failure	4 mos.
Due to Arteriosclerosis.	
Cardiovascular Disease	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B. Osborne, M. D.
Address Date signed

VS 3

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94057 Registered No. 1176

Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1405~~ 1401 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia S. Hodges

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Conway S.
6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 2-22-1880

8. AGE: Years 62 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER
12. Name Brent Jan Sweringen
13. Birthplace Va.
14. Maiden Name Eleanore Ihmsen
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Inc.
(b) 17 St. Paul St.

JUL 18 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to July 17 1942 and that I last saw h[illegible] alive on July 17 1942

Immediate cause of death Shock + exhaustion - post-operatively — Duration 7 days

Due to Operation for chronic duodenal ulcer - gastric Resection anterior Polya anastomosis

Other Conditions

(Include pregnancy within 3 months prior)

Date of operation July 11 1942

Major findings of operation: Duodenal ulcer; scarring

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce J. Strang M. D.
Address Johns Hopkins Hosp. Date signed 7-17-42

(OVER)

VS 3

94058 (88)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~University~~ Lombard Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a
(c) City or town Churchton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/42

8. AGE: Years	Months	Days	If less than one day
	1	6	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vincent Brown
13. Birthplace Churchton Md

MOTHER
14. Maiden Name Catherine Turner
15. Birthplace Baltimore Md

16 (a) Informant Vincent Brown
(b) Address Churchton Md

17 (a) Burial (b) Date thereof 7/18/42
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brown
Location Churchton

18 (a) Funeral director T. A. Hardesty & Son
(b) Galesville, Md.

JUL 18 1942

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/42 at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1942 to 7/17 1942 and that I last saw her alive on 7/17 1942.

Immediate cause of death Prematurity — Duration 1 day 6 days

Due to Diarrhea — 3 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmanuel Hospital M. D.
Address Emmanuel Hosp Date signed 7-17-42

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1194 F 94059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Christian St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hubbard ; Barbara Lee (Birth F-5707)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1942

8. AGE: Years	Months	Days	If less than one day
	1	4 3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John L Hubbard
13. Birthplace Md

MOTHER
14. Maiden Name Mary A Hall
15. Birthplace Md

16 (a) Informant Mrs John L Hubbard
(b) Address 1906 Christian St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 JUL 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1942 to 7/15 1942 and that I last saw h.e.y. alive on 7/15 1942.

Immediate cause of death	Duration
Prematurity	1 mo.
Due to Diarrhea	2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Lankstein M. D.
Address Universal Hosp Date signed 7/15/42

VS 3

F 94060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √159

Registered No.

F 94060

Physicians: please write the causes of death clearly and legibly. Information should be carefully obtained. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 W 22nd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W 22nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James W. Bouldin (Birth F. 5311)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Bouldin
13. Birthplace Athens Ga

MOTHER
14. Maiden Name Christin Anderson
15. Birthplace Athens Ga

16 (a) Informant William Bouldin
(b) Address 118 W. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn B. & O. Sta

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 [illegible] 18 1942 [illegible] Washington Williams M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942 to July 17 1942 and that I last saw [illegible] alive on July 17 1942

Immediate cause of death Pneumonia Bron

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis A Jolley M.D.
Address 2529 Georgia Ave Date signed July 19 1942

VS 3

94061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 94061

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cs
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Pollard (Birth F-53091)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A H	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/12/42

8. AGE: Years	Months	Days	If less than one day
			2 hr. 30 min.

9. Birthplace Provident Hosp. Balto., Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Edward Pollard
13. Birthplace Gloucester Co, Virginia

MOTHER
14. Maiden Name Carrie Lavinia Davenport
15. Birthplace Gloucester Co, Virginia

16 (a) Informant Carrie Pollard
(b) Address 1122 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery JOHN HOPKINS MEDICAL SCHOOL JUL 17 1942
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 18 1942 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

9251

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1942 to 7/12 1942 and that I last saw h alive on 7/12 1942

Immediate cause of death Prematurity — Duration 2 hrs. 30 m

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address Provident Hospital Date signed 7/15/42

F 94062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 94062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E. Lafayette St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Charles Knight Jr. (Birth F-53004)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Knight
13. Birthplace Grafton, W. Va.

MOTHER
14. Maiden Name Hazel Collins
15. Birthplace Bruceton Mills W. Va.

16 (a) Informant Hazel Knight
(b) Address 419 E. Lafayette St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 17 1942

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 18 1942 (Date rec'd by registrar) M.D. Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 11 1942; and that I last saw him alive on July 11 1942.

Immediate cause of death Pneumonia

Duration

Due to

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roland R. Symmers M. D.

Address Date signed

VS 3

9250

94063

HEALTH DEPARTMENT—CITY OF BALTIMORE

94063

CERTIFICATE OF DEATH

215-01-8421

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S Lakewood Ave Ward) Registered No. 21839

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. League

If U. S. Veteran specify WAR

(a) Residence: No. 811 S Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James W. League

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Sparr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anna Kaszubski

(Address) 811 S Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred H Date 7-20 1942

19. UNDERTAKER John J Duda

(Address) 2329 Hudson St

20. FILED JUL 18 1942 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1942

22. I HEREBY CERTIFY, That I attended deceased from June 22 1942 to July 16 1942

I last saw him alive on July 16 1942 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia 7/16/42
Cerebral Hemorrhage 16/23/42
Generalized Arteriosclerosis 1 day 1949

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J Roarke M. D.

(Address) 801 N Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 94064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 94064

Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora V. Harr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife George Harr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1859

8. AGE: Years	Months	Days	If less than one day
83	4	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Thomas Duffey
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Harden
15. Birthplace Md.

16 (a) Informant Mrs. Esther New
(b) Address 913 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 JUL 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1942 to July 15 1942, and that I last saw h. er alive on July 14 1942.

Immediate cause of death	Duration
Myocardial degmeat	4yrs
Due to Arteriosclerosis	12 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer L. Dodd M. D.
Address 735 N. Fulton Ave. Date signed

VS 3

F 94065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

546

Registered No.

F 94065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Porto Rico County
(c) City or town Ponce
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Moran Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-24-39
8. AGE: Years 3 | Months 2 | Days 23 | If less than one day hr. min.
9. Birthplace Porto Rico (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name James Moran
13. Birthplace N.Y.
MOTHER 14. Maiden Name Gertrude Bergenwitz
15. Birthplace U.S.
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory
Location Lafayette Cemetery N.Y.
18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 900 Eutaw Place
19 (a) JUL 18 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 4:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to July 17 1942 and that I last saw h[illegible] alive on July 17 1942
Immediate cause of death Respiratory failure — Duration
Due to Pressure on Spinal cord
Due to Tumor
Other Conditions Tumor involves bone as well
(Include pregnancy within 3 months of death)
Date of operation 7-16-42.
Major findings of operation: Inoperable tumor involving greater part of sternum
of autopsy Tumor in Spinal cord

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp. Date signed 7-17-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

94066 MPR 74810 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Camel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delores Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, Married, Widowed, Divorced
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1941

8. AGE: Years	Months	Days	If less than one day
1	3	18	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation [illegible]

11. Industry or business

FATHER
12. Name Clyde Brown
13. Birthplace ?

MOTHER
14. Maiden Name Blanche Lee
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-10-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUL 18 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1942, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1942 to 6-21 1942, and that I last saw h[illegible] alive on 6-21 1942

Immediate cause of death [illegible] — Duration 7

Due to Malnutrition — Duration 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-30-42

E 94067
AB-75149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. E 94067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Hr. 24 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 8Hr. 24 Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Hanover Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Stewart (Birth 52461)

3 (b) If veteran, name war: infant
3 (c) Social Security Account No. infant

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6-1942

8. AGE: Years | Months | Days | If less than one day: 8 hr. 24 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business infant

FATHER
12. Name Fred. Stewart
13. Birthplace Kentucky

MOTHER
14. Maiden Name Elsie Stegall
15. Birthplace Kentucky

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-10-42 (Month, day, year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUL 18 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1942, at 9:24 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6th 1942, to July 6th 1942, and that I last saw [illegible] alive on July 6th 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 8 hrs.
Due to: Birth Injury
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Baltimore City Hosp. Date signed 7-9-42

VS 8

94068 T.N

75212

75212
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94068
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Lee Howard (Birth F-5 1929)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/42

8. AGE: Years | Months | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Howard
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Hattie Davis
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address Record Room

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-10-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUL 18 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1942 to 7/9 1942, and that I last saw her alive on 7/9 1942.

Immediate cause of death Prematurity — Duration 15 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M.D.
Address Balto. City Hosp. Date signed 7-10-42

7-10-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 94069

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Eutaw Place & Brooks Lane.

(b) Street address Esplanade Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) about 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Esplanade Apts. (If rural give location)

If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA RAFFEL

3 (b) If veteran, name war ——

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1/17/1872

8. AGE: Years	Months	Days	If less than one day
About 70	6	—	hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Isaac Raffel.

13. Birthplace Russia.

MOTHER

14. Maiden Name Gertrude Samuels.

15. Birthplace Russia.

16 (a) Informant Miss. Sophie Raffel,

(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/42. (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director Harris Levy & Sons

(b) Address 1902 Eutaw Place.

JUL 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH July 17th. 1942, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to July 17 1942.

and that I last saw h[illegible] alive on July 17 1942.

Immediate cause of death

Acute Dilatation of Heart

Auricular Fibrillation

Due to

Due to

Other Conditions Chronic Nephritis

Arteriosclerosis General

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. M. Rimpler M. D.

Address Temple Garden Apt Date signed 7/17/42.

V8 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 94070

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Steamship Dixie (Wilson Line)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County North Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 548 Barley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Case

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Rebecah Snow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 18[illegible]

8. AGE: Years	Months	Days	If less than one day
79 ~~60~~	9	26	hr. min.

9. Birthplace Camden N J (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Chase
13. Birthplace Md

MOTHER
14. Maiden Name Hannah Williams
15. Birthplace Phila

16 (a) Informant Murray Funeral Home
(b) Address 408 Cathcart St Camden N J

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 19 42 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Metuchen N J

18 (a) Funeral director John Ulmer
(b) Address 2008 Orleans St

19 (a) JUL 18 1942 (Date rec'd by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 8.45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7/17/42

VS 6

94071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 94071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 Whatcoat St
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Whatcoat St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Secalven Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Allen

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 6, 1878

8. AGE: Years 64 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Warsaw, Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Peter Allen
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Annie Allen
(b) Address 1136 Whatcoat

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (month) (day) (year)
(c) Cemetery or crematory Warsaw Va
Location

18 (a) Funeral director Geo. G. Kelso
(b) Address 1313 Preastman

19 (a) [illegible] (b) Huntington Williams M.D.
(Signature of Registrar)

JUL 18 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 , at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 18 1942 and that I last saw h[illegible] alive on July 17 1942.

	Duration
Immediate cause of death: Pulmonary edema	2 days
Due to cardiac decompensation	?
Due to hypertensive cardiovascular-renal disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D Carr M. D.
Address 516 Marker St Date signed 7-18-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 94072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Woodholme Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabel Isabelle Jay

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12. 1879

8. AGE: Years	Months	Days	If less than one day
12	9	26	3 hr. (min.

9. Birthplace Sykesville Md.
(Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Jay
13. Birthplace Balto Md

MOTHER
14. Maiden Name Rose Amos
15. Birthplace

16 (a) Informant Mr. Daniel Jay
(b) Address 702 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Olivet
Location Ridgely Rd.

18 (a) Funeral director J. Kleemann & Son
(b) Address 32 S. Broadway

19 (a) JUL 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 6 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Drowning, accidental	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 15 1942 at 4 30 P. M
(c) Where did injury occur? Patapsco River (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury drowned while wading
23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 16 1942

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered No. F 94073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lawrence Peers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anita Peers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21-190[illegible]

8. AGE: Years	Months	Days	If less than one day
42	3	24	hr. min.

9. Birthplace Richard, Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business Bendix Aviation Corp.

FATHER
12. Name Charles L. Peers
13. Birthplace Pa.

MOTHER
14. Maiden Name Anita Peers Anderson
15. Birthplace Va

16 (a) Informant Neville Anderson
(b) Address Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-42 (month) (day) (year)
(c) Cemetery or crematory Washington D.C.
Location Washington

18 (a) Funeral director N.W. Saunders Co
(b) Address Washington D.C.

JUL 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1942 at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy found that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hanging	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Type of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence July 15 1942 11:30 AM
(c) Where did injury occur? Edmonson Ave. & Ellicott (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Hanging by belt.

23. Signature Clark Lee Gratton M.D.
Medical Examiner.
Date signed July 16 1942

VS 6

Please answer all questions. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94074

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH V13 a

Registered No. F 94074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 1 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Cec
(c) City or town Oxford
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. D.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM SCOTT SILVER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence Sewell Silver
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1871

8. AGE: Years	Months	Days	If less than one day
70	6	26	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Canner
11. Industry or business Retired

FATHER
12. Name George B. Silver
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Catherine Hughes
15. Birthplace Md.

16 (a) Informant Mrs. Florence S. Silver
(b) Address Oxford, Pa. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Rockburn Cem.
Location Harford Co. Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) JUL 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 11:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis (chronic interstitial nephritis)	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Wolfanwalter M.D.
Medical Examiner.
Date signed 7-18-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 E. 33rd St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ANTOINETTE MILLER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: - - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct. 19. 1872

8. AGE: Years 69 | Months 8 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Invalid

11. Industry or business - - -

FATHER
12. Name Dr. C. Edgar Miller - deceased
13. Birthplace Baltimore

MOTHER
14. Maiden Name Johanna W. Wahl - deceased
15. Birthplace Baltimore

16 (a) Informant Mr. J. Wahl Holtzman (½ Brother)
(b) Address 4218 Loch Raven Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 18. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.
HENRY SANDER & SONS, INC.

18 (a) Funeral director
(b) Address Norma Ave. & Broadway.

19 JUL 18 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to July 17 1942, and that I last saw h[illegible] alive on July 17 1942.

Immediate cause of death Coronary L. Thrombosis — Duration ?
Cardiac Weakness (Myocardial) — ?
Renal Disease
Due to Cardiac decompensation & general debility
Due to
Other Conditions R. hemiplegia (Cerebral accident) Mental incompetence senile type
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Lyman J. Atlee, M.D.
Address 3939 Greenmount Ave. Date signed 7/17/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

94076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. F 94076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK JOHN BECKER

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Caroline Dorothy Beck

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Apr. 30. 1863

8. AGE: Years 79 | Months 2 | Days 17 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: Watchman retired 1933

11. Industry or business

FATHER
12. Name: Henry Becker - deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Germany

16 (a) Informant: Mrs. Caroline Becker (Wife)
(b) Address: 809 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul. 20. 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem.
Location: Baltimore County

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 JUL 18 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jul. 17. 1942 at 4.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to July 17-42 and that I last saw him alive on July 17 1942.

Immediate cause of death: Carcinoma Stomach

Due to: + Pancreas

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration: Cons

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: F. H. Baumgaertner M. D.

Address: 1710 E. 33rd Date signed: 7/17/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL -75163

94077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 94077

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.,

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 802 E. 33rd. St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W

6 (b) Name of husband or wife Isabella(D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/2/1873

8. AGE: Years	Months	Days	If less than one day
69	5	14	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name Edward Smith

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Sullivan

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/1942 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Harford Rd.

18 (a) Funeral director John D. Maan

(b) Address 2000 E. Baltimore St.

19 JUL 18 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1942 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1942 to 7-16 1942, and that I last saw him alive on 7-16 1942

	Duration
Immediate cause of death: Acute Exhaustion Uremia	5 hrs.
Due to: Benign Prostatic Hypertrophy Urethral Stricture	? ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-12-42

Major findings of operation: Extravasation of urine in Rectus Muscle.

of autopsy: Post Peritoneal Urinary Extravasation

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis Vogel Jr. M. D.

Address B. C. H. Date signed 7/17/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 94078 601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓ Registered No. E 94078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: B. C. Hospitals. 7 1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5213 St. Charles Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde A. Mister

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Edna - Married

6 (b) Name of husband or wife: Edna
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1/28/1897

8. AGE: Years	Months	Days	If less than one day
45	5	19	hr. min.

9. Birthplace Somerset County, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edgar Mister
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden Name Carrie White
15. Birthplace Somerset County, Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 JUL 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1942 at 1 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1942 to 7-17 1942 and that I last saw him alive on 7-17 1942.

	Duration
Immediate cause of death Cerebral hemorrhage	2½ days
Due to Arteriosclerotic C.V.D.	5 years
Due to Hypertensive C.V.D.	5-6 years
Due to	
Other Conditions Gangrene of toe	—

(Include pregnancy within 3 months of death)

Date of operation 5-4-42
Major findings of operation: Arteriosclerotic gangrene of great toe
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Asa J. Pierpont M. D.
Address Balto. City Hosp. Date signed 7-17-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94079

BALTIMORE CITY HEALTH DEPARTMENT 52a F 94079

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos 20ds
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jerome Eberhart.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 219-16-7743

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	sing 6

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/23/1925

8. AGE: Years	Months	Days	If less than one day
16	10	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Commercial Credit Co.

FATHER
12. Name Joseph W. Eberhart, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Leona Graubner
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Joseph W. Eberhart, Sr.
(b) Address 2602 E. Oliver St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

JUL 18 1942 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 7 1942 to July 17 1942 and that I last saw h. alive on 7/17 1942

Immediate cause of death: Bronchogenic Carcinoma — Duration 4 mos.

Due to: Metastatic malignancy to lung

Due to: Hypertrophic cirrhosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: Hypertrophic cirrhosis & metastasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Jerome Eberhart M. D.
Address St. Joseph's Hosp. Date signed 7/17/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154a

Registered No. F 94080

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Queen Anne's
(c) City or town Sudlersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Wiggins

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Baltimore

16 (a) Informant Ida Pritchett (Daughter)
(b) Address Pondtown, Chestertown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Pondtown
Location Near Sudlersville Md

18 (a) Funeral director Wm. H. Hood
(b) Address Church Hill Md

19 1942 (Date received by Registrar) (c) Huntingtown Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1942, at 7a A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1942 to Death 19 . and that I last saw her alive on July 17, 1942.

Immediate cause of death Respiratory failure — Duration

Due to Cardiac Decompensation

Due to Arteriosclerosis

Other Conditions Osteomyelitis, left humerus

(Include pregnancy within 3 months of death)

Date of operation 7/9/42

Major findings of operation: Osteomyelitis left humerus

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr. M. D.
Address University Hospital Date signed 7/18/42

VS 3

Every item of information should be carefully supplied. Use UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 94081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No.

F 94081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, Harford Rd.)
(d) Street No. 2852 Valley View Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Saville Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1890

8. AGE: Years 51 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER
12. Name James Miller
13. Birthplace —

MOTHER
14. Maiden Name Mary Tindal
15. Birthplace —

16 (a) Informant Mary Miller
(b) Address 2852 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 '42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Joseph Kerpnakes Inc.
(b) Address 602 Washington Blvd

19 1942 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 16 1942 and that I last saw him alive on July 16 1942

Immediate cause of death Cerebral Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 23 1942

Major findings of operation: Right sided inguinal Hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Raty M. D.

Address University Hospital Date signed July 17 1942

VS 3

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 D

F 94082 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4021 Barrington Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Hamburger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 1892

8. AGE: Years 49 | Months 10 | Days | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Wife

FATHER
12. Name: Louis Applefeld
13. Birthplace: Russia

MOTHER
14. Maiden Name: Etta ?
15. Birthplace: Russia

16 (a) Informant: Irving Applefeld
(b) Address: 4021 Barrington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 19, 19 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cem
Location: 3500 E. Baltimore St

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 17 1942, and that I last saw her alive on July 16 1942.

Immediate cause of death: Cardiac failure — Duration

Due to: Mitral Stenosis - Rheumatic fever.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Bogerly Jr. M. D.
Address University Hospital Date signed 7-17-42

VS 2

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94083

186a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mer Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4120 Garrison Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Ex Benjamin Miller

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Albert Miller
(b) Address 4120 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 JUL 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1942, at 12 p.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy & Inquiry (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Fracture Skull — Duration

Due to

Due to

Other Conditions Fractured right femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 15/10
(b) Date of occurrence 7-17-42 at 1.20 P.m.
(c) Where did injury occur? 4120 Garrison Blvd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No back yard
(e) Means of injury Fell from 2nd fl. to ground

23. Signature Howard J. Andelman M.D. Medical Examiner.
Date signed 7-17-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240

F 94084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Darley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Darley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H Bankard

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose A Bankard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1881

8. AGE: Years 60 | Months 9 11 | Days 22 | If less than one day hr. min.

9. Birthplace Westminster Md
(Town, county, and state)

10. Usual Occupation Elevator Constructor Retired

11. Industry or business

FATHER
12. Name Josephus Bankard
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Rose A Bankard
(b) Address 1204 Darley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)

(c) Cemetery or crematory Woodland Park
Location Baltimore Co Md

18 (a) Funeral director Wilbur Coffey
(b) Address 1219 E Pratt St

19 JUL 19 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to July 17 1942 and that I last saw h[illegible] alive on July 16 1942

Immediate cause of death Ch. Myocarditis — Duration 1 year.

Due to: Sarcoma Liver (Non alcoholic)

Due to

Other Condition Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury ~~occur about home~~, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J S Hardesty M.D.
Address 4610 Belair Rd Date signed July 19 42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 94085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lafayette St
(c) Hospital or institution: Aged Women & Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lafayette St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CORA T. BRIEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1858

8. AGE: Years	Months	Days	If less than one day
83	9	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Charles Ettele
13. Birthplace (?)

MOTHER
14. Maiden Name Susan Geneiba
15. Birthplace (?)

16 (a) Informant Aged Women & Aged Men's Home
(b) Address 1400 W. Lafayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Williams, Cooke, Inc.
(b) Address 1217 St. Paul St.

JUL 19 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/1934 19 to 7/17/42 19, and that I last saw her alive on 7/16/42 19.

Immediate cause of death: Bronchial pneumonia, 1d. — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jarrell.
Address 1115 St. Paul St., Date signed 7/18/42

Dr. Jarrell 1115 St. Paul St

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 94086 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Gibbons Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Gibbons Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Regina Gertrude Derr

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Geo. F. Derr
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 30 1883

8. AGE: Years 58 | Months 8 | Days 17 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Herman A. Buschmann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary K. Hamer
15. Birthplace ?

16 (a) Informant Mr. Geo. F. Derr - (husband)
(b) Address 3504 Gibbons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Durant Movers
(b) Address 108 W Monument Ave

19 (a) [illegible] 20 1942 [illegible] Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 4 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1938 to July 17 1942, and that I last saw her alive on July 17 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr. 2 hrs.
Due to: Arteriosclerosis — Duration Unknown
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Lybert M. D.
Address 2102 Harford Rd Date signed 7-17-42

VS 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

94087 F 94087

CERTIFICATE OF DEATH

S. Sec-166-10-9657

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1849 W. Mulberry St. St., 1248 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Bisbing — If U. S. Veteran specify WAR

(a) Residence: No. 1849 W. Mulberry St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna E. Bisbing

6. DATE OF BIRTH (month, day, year): April 1, 1901

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil Burner

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Somerset Co. Penna.

FATHER

13. NAME: Edgar Bisbing

14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER

15. MAIDEN NAME: Susan Hause

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT (Address): Mrs. Anna E. Bisbing, 1849 W. Mulberry St.

18. BURIAL, CREMATION, or REMOVAL — Place: Loudon Park Date: July 20, 1942

19. UNDERTAKER (Address): Geo. W. Little, 2700 Edmondson Ave.

20. Filed JUL 19 1947 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/18/ 1942

22. I HEREBY CERTIFY, That I attended deceased from November 1941 to 7/18/ 1942

I last saw him alive on 7/17/ 1942. Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cirrhosis of liver	
(Hanot's Biliary Cirrhosis)	1 Year
Cause unknown	
Other contributory causes of importance:	

Was an operation performed? YES Date of July 1941

For what disease or injury? Cirrhosis of liver

Name of operation Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. B. Moore M. D.

(Address) 426 N. Eutaw Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 94088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 94088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St - Rutland Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 Oswego Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Levenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Harry Levenstein

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lieberman Garfinkel
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa –
15. Birthplace Russia

16 (a) Informant Alex Levenstein
(b) Address 3464 Pk. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodeph Shalom
Location Phil. Rd.

18 (a) Funeral director Isaac Levine Inc.
(b) Address 1439 E. Balto. St

19 (a) 7-19-1942 (Date received by Registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 17 1942 and that I last saw h[illegible] alive on July 17 1942

Immediate cause of death Cerebral Vascular Accident — Duration 3 days

Due to Hypertension C.V. Disease. — 7

Due to

Other Conditions Diabetes Mellitus, old Coronary occlusion + myocarditis (Include pregnancy within 3 months of death) — ?

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Bortshy M.D.
Address Sinai Hospital Date signed 7/17/42

VS 2

F 94089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 Greene St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Randolph Bines (Birth F-52147)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28-1942

8. AGE: Years | Months | Days: 2 | 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Woodrow Wilson Bines

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Jaylin Oakley

15. Birthplace Maryland

16 (a) Informant Father

(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1942 (month) (day) (year)

(c) Cemetery or crematory Angel Hill Cem

Location Havre de Grace Md

18 (a) Funeral director Pennington & Long

(b) Address Havre de Grace Md

19 (a) Date received by registrar 7-20-1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 18 1942 and that I last saw him alive on July 18 1942

Immediate cause of death: Respiratory failure — Duration: 2 days

Due to: Atelectasis (bilateral)

Due to:

Other Conditions: pneumothorax (Rt.)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Harford

Address Union Memorial Hosp. Date signed 7/18/42

WHITE LETTERS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a F 94090 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 77 Water Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Melvina Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Annapolis Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Oliver Hopkins
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Melvina Hopkins (Patient)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1942 (month) (day) (year)
(c) Cemetery or crematory Breyers Hill
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 JUL 19 1942 (Date rec'd by registrar) Huntington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1942, to July 16 1942, and that I last saw deceased alive on July 16, 1942.

Immediate cause of death Respiratory Failure — Duration

Due to Central Embolism

Due to Subacute Bact. Endocard.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr. M.D.
Address University Hosp. Date signed 7/13/42

VS 3

NOTICE: PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94091 Registered No. 1830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? Yes Italy (Yes or No)
If yes, name country Italy (If citizen only of some U.S.)

3 (a) FULL NAME Joseph Dellamore Joseph Della Noce

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-05-0601

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late Rosa Della Noce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1880

8. AGE: Years: 62 | Months: 3 | Days: 27 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailor shop

FATHER
12. Name Costantino Della Noce
13. Birthplace Italy

MOTHER
14. Maiden Name Giuseppina Bautti
15. Birthplace Italy

16 (a) Informant Elsie Dellamore
(b) Address 809 Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Joseph Della Noce
(b) Address 52 N. Morley St.

19 (a) July 19 1942 (Date received by Registrar) Clifton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942, at 6:11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942, to July 16 1942, and that I last saw h alive on 19

Immediate cause of death: Cardiovascular Hemorrhage — Duration: 4 days

Due to: Hypertension — 3 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed July 16 1942

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT IN PENCIL, WITH UNFADING INK.

F 94092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 94092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 W Belvedere Ave (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No) If yes, name country

3 (a) FULL NAME Frederick A Allner (ALLNER)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-2024

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Adele B Brock

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 19 1882

8. AGE: Years	Months	Days	If less than one day
59	11	29	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Safe Harbor Water Power

11. Industry or business

FATHER
12. Name Abel Allner
13. Birthplace —

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Frederick A Allner Jr.
(b) Address 908 W. Belvedere ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Henry H Jenkins Son
(b) Address McCulloh & Orchard Sts

19 (a) Date rec'd (month) (day) (year) (b) [illegible] for Nitterauer

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to July 18 1942 and that I last saw h alive on 19

Immediate cause of death Bronchopneumonia — Duration 11 days

Due to

Due to

Other Conditions Hypostatic Pneumonia see Huntington Williams

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Erwin F. Lenger M. D.
Address The Coroner Date signed 7/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94093 937

Registered No. ✓

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 W Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 W Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara V. Sims

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife George S. Sims
6 (c) If wife, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 11 1878

8. AGE: Years	Months	Days	If less than one day
64	5	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER	12. Name John W. Trogler
	13. Birthplace Baltimore Md.
MOTHER	14. Maiden Name Mary Jane Atkinson
	15. Birthplace Baltimore Md.

16 (a) Informant George F. Sims
(b) Address 917 W. Lombard St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18 (a) Funeral director Reginald L. Cole
(b) Address 720 W Lombard St
19 JUL 19 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 7 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to July 1942
and that I last saw h alive on July 16 1942

Immediate cause of death	Duration
Coronary Occlusion	unknown
Due to	
Hypertension & heart disease	?
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury
23. Signature R. Rockwood M. D.
Address 910 W Lombard Date signed 7-19-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94094 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Humphrey

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/1894

8. AGE: Years	Months	Days	If less than one day
48	3	12	hr. min.

9. Birthplace Rockport-Maine Knox Co. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Steam ship

FATHER
12. Name Albert F. Humphrey
13. Birthplace Bristol Maine

MOTHER
14. Maiden Name Elizabeth Walton
15. Birthplace Monkton, N.B.

16 (a) Informant Everett W. Humphrey
(b) Address Rockport

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory Sea View
Location Camden, Maine

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard

19 (a) JUL 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-1942, at 8.15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.

Date signed 7-15-42

VS 6

F 94095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Tunbridge Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Tunbridge Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Margaret F. Werner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1870

8. AGE: Years	Months	Days	If less than one day
About 72	---	---	--hr. --min.

9. Birthplace Albany, New York
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name William J. Werner
13. Birthplace Germany

MOTHER
14. Maiden Name Honore Plover
15. Birthplace Ireland

16 (a) Informant Mrs. Lillian W. Groshans
(b) Address 212 Tunbridge Road

17 (a) Burial (b) Date thereof 7/20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meary and Son
(b) Address 805 N. Calvert Street

JUL 19 1942 Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1942, to July 17 1942, and that I last saw her alive on July 17 1942.

Immediate cause of death	Duration
Cerebral apoplexy.	5 days
Due to Hypertensive cardiovascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm D Schmidt M. D.
Address 701 N. Kenwood Ave. Date signed 7, 18, 42

F 94096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1148 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 N. Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Bailey 45016

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estelle

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 12/24/1891

8. AGE: Years 50 | Months 6 | Days 23 24 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Bailey
13. Birthplace Va.

MOTHER
14. Maiden Name Careline Nettingham
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Balto County

18 (a) Funeral director Charles Storrer
(b) Address 514 N. Carey [illegible] Huntington Williams, Mgr.

19 (a) [illegible] (Date received by Registrar)

JUL 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1939 to July 16 1942, and that I last saw him alive on July 16 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3½ yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Goodman M. D.

Address Balto. City Hosp. Date signed 7/17/42

Fill in all items; if none, write none. Physicians: please write the causes of death clearly and legibly.

F 94097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

F 94097
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Foster Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Jasewski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Helen Jasewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1894

8. AGE: Years	Months	Days	If less than one day
48	3	26	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Jasewski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Dworski
15. Birthplace Poland

16 (a) Informant Admission slip
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Furnace Hill Road

18 (a) Funeral director John B. Connolly
(b) Address 418 Eastern Ave. East
JUL 20 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 17 1942 and that I last saw [redacted] alive on July 16 1942.

Immediate cause of death	Duration
Cardio-Respiratory collapse	
Due to Cirrhosis of the liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July 2, 1942
Major findings of operation Cirrhosis of the liver, distended gall bladder
of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Preston Ritchings M.D.
Address Mercy Hospital Date signed July 17 1942

VS 2

94098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 1/2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore County (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Route - Middle River (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Polkowski
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-07-694
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Concetta
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-2-10
8. AGE: Years 31 Months Days 15 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Roll setter
11. Industry or business
FATHER 12. Name John Polkowski
13. Birthplace Poland
MOTHER 14. Maiden Name Julia Bralek
15. Birthplace Poland
16 (a) Informant Concetta Polkowski
(b) Address Middle River Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Fernan Hill Rd Balto
18 (a) Undertaker James Bruzgiewicz
(b) Address 4 & 7 Eastern Ave Rd.
19 (a) Filed JUL 20 1942 (b) Registrar Thurlington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 12:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1942 to 7-17 1942 and that I last saw h alive on 7-17- 1942
Immediate cause of death Congestive Myocardial Failure — Duration one year
Due to Rheumatic Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William Lynch M. D.
Address St. Joseph's Hosp Date signed 7/21/42

VS 3

94099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Floridabve.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 11
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto Highlands
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Flanda Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary N. Hayson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife James Hayson

6 (c) If alive, give age ~~Yrs.~~ ~~Mos.~~ ~~Ds.~~ years

7. Birth date of deceased (mo., day, yr.) June 19 1864

8. AGE: Years 78 | Months | Days 29 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Kutsell
13. Birthplace Anne Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant James H Hayson
(b) Address R.F.D. 3 Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/42 (month) (day) (year)
(c) Cemetery or crematory Randallstown M.E.
Location Randallstown, Md.

18 (a) Funeral director B L Hopkins
(b) Address Arnold, Md.

JUL 20 1942
(Date rec'd by registrar)

19 (a) Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1942 at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to July 18 1942 and that I last saw her alive on July 18 1942

Immediate cause of death Cardiac failure

Due to

Due to Cholelithiasis

Other Conditions Cholelithiasis & Jaundice
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Arthur Rowbotham M.D.
Address St. Agnes Hosp. Date signed 7/18/42

VS 8

94100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. F 94100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 Baker st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 Baker st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bettie Taliferro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Thomas Moody
13. Birthplace

MOTHER
14. Maiden Name Louise Taylor
15. Birthplace

16 (a) Informant Mary E. Edwards
(b) Address 536 Baker st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-20-44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 6 E Lanvale st

(Date received) (Registrar) Huntington Williams, M.D.

JUL 20 1944

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1944 at M

21. I certify that I attended deceased from May 1st 1944 to July 17 1944 and that I last saw h[illegible] alive on July 17 1944. Death occurred on the date above stated at

Immediate cause of death	Duration
Due to Cardiac Renal	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. T. Williams M. D.
Address Date signed

JL - 75352
F 94101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1932 F 94101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Barnes St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie Lee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Charles (D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1903

8. AGE: Years	Months	Days	If less than one day
39	3	10	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Mapp
13. Birthplace ?

MOTHER
14. Maiden Name Anna Girings
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert F. Cornwell
(b) Address 804 N. Caroline St.
19 JUL 20 1942 (Date received by Registrar) (b) Huntington for Nathaniel Pope Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1942, at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1942 to 7-16 1942 and that I last saw her alive on 7-16 1942.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Hypertensive cardiovascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature N. K. Patton M. D.
Address Balto. City Hosp. Date signed 7/17/42

VS 8

F 94102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 Chauncey Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Chauncey Ave.
(If rural give location)
(e) Citizen of foreign country? Citizenship (Yes or No)
If yes, name country taken away in Germany

3 (a) FULL NAME Sigmund Hesekiel

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Erna Hesekiel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1874

8. AGE: Years 68 | Months 3 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Solomon Hesekiel
13. Birthplace Germany.

MOTHER
14. Maiden Name Regina Bachenheimer,
15. Birthplace Germany

16 (a) Informant Mrs. Erna Hesekiel,
(b) Address 806 Chauncey Ave.

17 (a) Burial (b) Date thereof 7/20/42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Chas. Sonnenschein & Son
(b) Address 1[illegible] Eutaw Place.

19 (a) JUL 20 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1942, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10- 1941 to 7-18- 1942 and that I last saw him alive on 7-18- 1942

Immediate cause of death Heart failure — Duration

Due to Pneumonia

Due to Cerebral Apoplexy

Other Conditions Th. genu dextri (of the right Knee joint)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Weinberger M.D.
Address 912 Brooks Lane Date signed 7-19-42

VS 3

Physicians: please write the causes of death clearly and legibly. Especially important.

F 94103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94103 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 Brighton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 Brighton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie McConnell

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 404E

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1860

8. AGE: Years 82 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Philadelphia Pa (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas McConnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma Taylor
15. Birthplace Ireland

16 (a) Informant George L McConnell
(b) Address 509 Old Orchard Road

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 7-20-42 (month) (day) (year)

(c) Cemetery or crematory Maine Cem
Location

18 (a) Funeral director Jos Cook Son
(b) Address 1141 Park Ave

19 (a) JUL 20 1942 (Date rec'd by registrar) (b) Huntington Nottingham M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1941 to July 18 1942 and that I last saw h[illegible] alive on July 17 42

Immediate cause of death: Cerebral Hemorrhage — Duration 18 days
Due to: Pernicious
Due to: General Arterio Sclerosis
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L Dufour M.D.
Address 1219 Poplar Grove Date signed 7/19/42

VS 8

CERTIFICATE CORRECTED 9-20-51

F 94104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MHN

F 94104 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Warrington Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Warrington Apts.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katy R. Slagle

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	widow

6 (b) Name of husband or wife David W. Slagle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1854

8. AGE: Years	Months	Days	If less than one day
88	5	17	hr. min.

9. Birthplace Lexington, Ky.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name Edwin (~~Le Slagle~~) Lilly

13. Birthplace Md.

MOTHER

14. Maiden Name Josephine Ridgely

15. Birthplace Md.

16 (a) Informant Mrs. David J. Slagle

(b) Address Warrington Apts.

17 (a) Burial (b) Date thereof July 20, 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Baltimore, Md.

18 (a) Funeral director John O. Mitchell-Sons Inc.

(b) Address 1900 Eutaw Place

19 Huntington Williams, M.D. (b) JUL 20 1942
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942, to July 17 1942 and that I last saw her alive on July 17 1942.

Immediate cause of death	Duration
Old age	
Cerebral Sclerosis	
Due to Terminal Coronary occlusion (Arterio-sclerotic)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Walter A. Baetjer M. D.

Address 1115 St. Paul St. Date signed

F 94105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) five days
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Lake Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary W. Baker.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Wm. M. Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25. 1887

8. AGE: Years	Months	Days	If less than one day
55 57	5	24 23	hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business ✓

FATHER
12. Name "
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm W. Baker
(b) Address 703 W. Lake ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/48 (Month, day, year)
(c) Cemetery or Crematory Druid Ridge
Location Lakeville Md.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1700 Eutaw Place

19 (a) Hunter (Date rec'd by Registrar) Williams, M.D. JUL 20 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1948 to July 18 1948, and that I last saw h alive on July 18 1948.

Immediate cause of death Congestive Heart Failure
Cardiac Failure — Duration

Due to Chronic myocarditis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert T. Coffman M.D.
Address Maryland General Hosp. Date signed July 19, 1948

M. D.

VS 3

F 94106 F 94106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. John's Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie King Showacre

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1873

8. AGE: Years 69 | Months 2 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation School teacher, retired

11. Industry or business

FATHER
12. Name John W. Showacre
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gideona D. Lang
15. Birthplace Wash., D. C.

16 (a) Informant Davis L. Waters
(b) Address 1905 N. Randolph St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery ~~the cemetery~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) JUL 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1926 to July 19 1942
and that I last saw her alive on July 19 1942.

Immediate cause of death. Carcinoma — Duration 5 yrs

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Moody M. D.
Address 1403 Park Ave. Date signed

VS 3

F 94107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 510

F 94107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution: Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fletcher L. Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-8053

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. wingle

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1872

8. AGE: Years 70 | Months -- | Days -- | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Treasurer, retired

11. Industry or business Spedden Shipbuilding Co.

FATHER
12. Name James E. Byrd
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Anne Fletcher
15. Birthplace Md.

16 (a) Informant Walter C. Byrd
(b) Address 1810 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery Lorraine
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place

19 Huntington Williams, M.D. (Date received by registrar) JUL 20 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1941 to July 16 1942 and that I last saw h[illegible] alive on July 16 1942.

Immediate cause of death — Duration

Complications of the Skull Fracture. — 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Latimore M. D.

Address 1720 Eutaw Place Date signed

94108

Larsen #4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

F 94108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
✓ City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 May St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Peterson ✓

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location PUBLIC CEMETERY JUL 20 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 20 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1942 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 '42 to June 20 '42 and that I last saw h[illegible] alive on June 20 '42

Immediate cause of death Labor Pneumonia — Duration 10 days

Due to Pneumococcus Type 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Date signed

VS 3

AB-75190
F 94109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11Ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Scarbrough

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8-1898

8. AGE: Years	Months	Days	If less than one day
44		10	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Powell
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Weber
15. Birthplace England

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory St Vincents
Location Girardville, Pa.

18 (a) Funeral director John J. Kaufman's Son
(b) Address 20 N. Collins St. Huntington Millington, MD

19 JUL 20 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1942 at 555 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1942 to 7-18 1942, and that I last saw h alive on 7-18 1942.

Immediate cause of death	Duration
Carcinoma of uterus with	
Due to metastases	1 Yr
Due to	
Other Conditions Surgical Shock	2 Wks

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Webb
Address Balto City Hosp Date signed 7-19-42

VS 8

F 94110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 3908 Old Frederick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: John Joseph Hurley

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) ~~Single, married~~ widowed, or ~~divorced~~:

6 (b) Name of husband or wife: Catherine (d)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 3, 1885

8. AGE: Years 56 | Months 9 | Days 14/13 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Michael

11. Industry or business: Ireland

FATHER
12. Name: Bridgett Minishan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: B. C. H. Recorda
15. Birthplace: Ireland.

16 (a) Informant: Mr Francis L Hurley
(b) Address: 28 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/21/1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem
Location: 4300 Old Frederick Rd

18 (a) Funeral director: John J Cowan & Son
(b) JUL 20 1942 Hallie E. Williams

19 (a) (Date rec'd by registrar) (b) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-16 1942, at 9 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940 to 7-16 1942 and that I last saw h[illegible] alive on 7-16 1942

Immediate cause of death: Bronchopneumonia — Duration: 2 Days.

Due to: Sen. arteriosclerosis — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: N. K. Cattlin M.D.
Address: Balto City Hosp Date signed: 7-17-42

VS 3

F 94111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864 F 94111 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 James St. Morrell Park
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 James St. Morrell Pk.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry C. Bender

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lot. Alice J. Bender
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1861

8. AGE Years	Months	Days	If less than one day
80	7	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry C. Bender
13. Birthplace France

MOTHER
14. Maiden Name Sallie Blunt
15. Birthplace Baltimore Md

16 (a) Informant Mrs Harry Mossberger
(b) Address 2517 James St. Morrell Pk.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 3801 Frederick Ave

18 (a) Funeral director John C. Coyne & Son
(b) Address 901-03 Hollins St.

19 (a) JUL 20 1942 (Registered by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1942 at 12 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to July 19 1942 and that I last saw h[illegible] alive on June 30 42

Immediate cause of death
Uremia
Due to Cardiovascular disease
Due to Fracture of hip
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence about May 11 at 10 A.M.
(c) Where did injury occur? Home Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fall on floor

23. Signature [illegible] M.D.
Address 1710 Druid Hill Ave Date signed July 19 1942
A. L. Wollenweber, M.D. Gen. M.P.

VS 3

F 94112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex fem

5. Color or race col

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 79. Months Days If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Carter
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Richard Carter
(b) Address 1357 W Stricker

17 (a) (Burial, cremation, or removal) (b) Date thereof July 20, 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore City

18 (a) Funeral director Geo. E. Kelson
(b) Address 660 Preston St.

19 (Date rec'd by registrar JUL 20 1942) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 17 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Coronary Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 803 N Fremont Ave Date signed

VS 8

F 94113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 aF 94113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 677 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Anna Bang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 41

8. AGE: Years	Months	Days	If less than one day
2	10	22	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business —

FATHER
12. Name John Armstrong
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Armstrong
15. Birthplace Va

16 (a) Informant Elizabeth Armstrong
(b) Address 567 Baker St

17 (a) Burial (b) Date thereof 7/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location W

18 (a) Funeral director Wes. E. Kelso
(b) Address 1393 Pennsylvania Ave

19 JUL 20 1942 (b) Huntington Ave
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1941 to July 18 1942, and that I last saw h alive on July 17 1942

Immediate cause of death Meningitis
Wilms Tumor

Due to Wilms Tumor

Due to Wilms Tumor

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
5 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward D. Jones, Jr. M.D.
M. D.
Address Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

F 94114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 Madison ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Madison ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Sorrell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife Thornton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jerrpial Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Washington
15. Birthplace Va.

16 (a) Informant Courtney D. Taylor
(b) Address 1922 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore City

18 (a) Funeral director Geo G Kelson
(b) Address 1303 Freeman St.

19 (a) JUL 20 1942 Huntington Williams, M.D.
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1942, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection + Autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage Hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Woodall M.D.
Medical Examiner.
Date signed 7-17-42

F 94115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Young

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Louisa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1866

8. AGE: Years 76 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret Grant
(b) Address 1523 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mr. George H. Watkins
(b) Address 1631 Druid Hill Ave

19 JUL 20 1942 (b) Huntingtown Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942, at 12:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 7/15 1942 and that I last saw him alive on 7/15 1942

Immediate cause of death	Duration
Uremia	
Due to Arteriosclerotic CVHD	
Terminal Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas Amalfi M.D.
Address 2511 Reisterstown Rd Date signed 7/17/42

Physician: please write the causes of death clearly and legibly.

Dreo—12-23-21—E.B.R.E.—400 Blks.

SS. 215-09-2145

F 94116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 57

F 94116

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Eastern Ave St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Wyman

(a) Residence No. 606 Eastern Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian Wyman

6-DATE OF BIRTH (month, day and year) June 10 1890

7-AGE, 52 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer). Wood Realty

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John L. Wyman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Mahon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Lillian Wyman

(Address) 30 Pennington Ave. Bayonne N. J.

15- JUL 20 1942 Huntington Williams, M.D.

Filed ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/18/42

17- I HEREBY CERTIFY, That I attended deceased from 7/17, 1942, to 7/18, 1942, that I last saw h/ alive on 7/17, 1942, and that death occurred, on the date stated above, at 12 05 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis Focal

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

7/18, 1942 (Address) 606 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR [illegible] Mt Carmel

DATE OF BURIAL. July 21 1942

20-UNDERTAKER. Philip Henrichsons

ADDRESS 2024 Calvert St

F 94117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 94117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: EDGEWOOD NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) Approx. 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 E. Hoffman St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Schindele.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Christoph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28/1874

8. AGE: Years	Months	Days	If less than one day
68	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER	12. Name August Seibert
	13. Birthplace Germany
MOTHER	14. Maiden Name Wagner
	15. Birthplace Baltimore

16 (a) Informant Elizabeth Schindele
(b) Address 2319 E Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/42 (Month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Eutaw St

19 (a) JUL 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 18 1942 and that I last saw h[illegible] alive on July 18 1942

Immediate cause of death — Duration
Cerebral Hemorrhage — 2 yr
Due to Hypertension — 5 yr
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A H Wheatley M.D.
Address 4305 York Rd Date signed July 21 1942

VS 8

F 94118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1932 F 94118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 N. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Augustus Robinson (Augustus Clarence Robinson)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-6569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catherine Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Yard man
11. Industry or business

FATHER
12. Name George Robinson
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary E. Owens
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 21 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore
18 (a) Funeral director Philip Herwig Sons
(b) Address 2524 Orleans St

19 (Date received by registrar) JUL 20 1942 Huntington Wilkerson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 1:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942, to July 18 1942, and that I last saw him alive on July 18 1942.

Immediate cause of death	Duration
Cardiac Failure	7
Due to Arteriosclerotic H. D.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Greenberg
Address Church Home and Infirmary Date signed 7/19/42 M. D.

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932 F 94119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 Bristol St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leo. Jos. Koenig

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Myrtle M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1890

8. AGE: Years	Months	Days	If less than one day
52	2	18	hr. min.

9. Birthplace Ill (Town, county, and state)

10. Usual Occupation Foreman, Brick Plant
11. Industry or business Funeral Refractories. Brooklyn Md

FATHER
12. Name John Koenig
13. Birthplace Germany

MOTHER
14. Maiden Name Emma S Eor
15. Birthplace Iowa

16 (a) Informant Mrs Myrtle M Koenig
(b) Address 19 Bristol st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Marach
(b) Address 715 E 41st St Huntington Williamsport, Md.

19 (a) JUL 20 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/42 19 , at 1105 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17/42 19 to 7/17/42 19 , and that I last saw h[illegible] alive on 7/17/42 19 .

Immediate cause of death Coronary Thrombosis — Duration

Due to Chronic Myocarditis

Due to Emphysema & Chronic Bronchitis

Other Conditions C
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence E Hamberger Jr. M. D.
Address Franklin Sq Hosp Date signed

VS 8

F 94120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Delaware Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Knight

3 (b) If veteran, name war None

3 (c) Social Security Account No. Yes - No ??

212-09-7525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ~~Matilda Knight~~ Thelma Maybelle Hatley (If alive, give age ~~54 yrs~~)

7. Birth date of deceased (mo., day, yr.) January 21 1901

8. AGE: Years	Months	Days	If less than one day
41	5	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Fireman + Engineman
11. Industry or business Cons + Electric.

FATHER
12. Name George Knight
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name ~~Matilda~~ Matilda Schroder
15. Birthplace ??

16 (a) Informant Wife - Mrs. Matilda Knight
(b) Address 408 Delaware avenue, Essex Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 20 42 (month) (day) (year)
(c) Cemetery or crematory Sweaty Cem.
Location O'Donnell St. Rd.

18 (a) Funeral director E. J. Fischmeyer & Son
(b) Address 1900 & 1902 Kenwood Ave.

19 (a) JUL 20 1942 (Date rec'd by registrar) (b) Huntington Wi Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 18 1942, and that I last saw h alive on July 18 1942.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 9 1942

Major findings of operation: Carcinoma of Stomach

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. T. Raby M.D.
Address University Hosp Date signed July 21 1942

(Over)

VS 2

M. D. B. 12554

F 94121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Grogan St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Maggio

(a) Residence: No. 2607 Grogan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Maggio

6. DATE OF BIRTH (month, day, year) Aug 30 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Citrano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosalia Citrano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. John Maggio (Address) Cathedral

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 7-21 1942

19. UNDERTAKER Living Byers (Address) 5005 Park Heights Ave.

20. FILED JUL 20 1942 Hattie Tor Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18/42 19

22. I HEREBY CERTIFY, That I attended deceased from January 19 42 to July 18 19 42

I last saw him alive on 7/18/42 Death is said to have occurred on the date stated above, at 9:15 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
of Gall Bladder	
dupl liver	6 mo.

Other contributory causes of importance:

Coronary occlusion Ag arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Isaac Muller M. D.

(Address) 1225 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F94122 Hospital (previously b called 8-25-42)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 94122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 Warren Ave
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Newborn

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore city
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Warren Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Slagle

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1942

8. AGE: Years	Months	Days	If less than one day
			22 hr. 15 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation @ S. B. General Hospital
11. Industry or business

FATHER
12. Name John Lewis Slagle
13. Birthplace Maryland

MOTHER
14. Maiden Name Madeline Pons
15. Birthplace Pennsylvania

16 (a) Informant Madeline Slagle
(b) Address 204 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Mt Pleasant Town Pa
18 (a) Funeral director J. J. Hokey & Sons
(b) Address 213 Light St.

19 (a) JUL 20 1942 (Date received by registrar) (b) Huntingtown Hilliamsville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 10 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942, to July 20 1942 and that I last saw h alive on July 20 1942

Immediate cause of death — Duration
Premature newborn (20 weeks)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 213 Light Street Date signed

VS 3

F 94123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 94123
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Irenopsy. Belvedere
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 Cottage Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wolf Goodman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Hilda Goodman
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Sig Fernblad
(b) Address Irenopsy. Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-42 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Delevue Nat Cemet

18 (a) Funeral director Joe Lewis Inc
(b) Address 1731 E. Balto. St

19 JUL 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1942 to 7-20 1942, and that I last saw him alive on 7-20 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Arteriosclerosis	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin
Address Levindale Date signed 7/20/42

VS 3

94124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

200a

Registered No. E 94124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE EPSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife LOUIS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name NATHAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH LEAH
15. Birthplace RUSSIA

16 (a) Informant LOUIS EPSTEIN
(b) Address 2300 E. BALTO. ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-20-42 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA. RD & HAMILTON AVE

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E. Baltimore St

19 (a) (Date received) JUL 20 1942 Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942, to July 19 1942 and that I last saw h[illegible] alive on July 19 1942.

Immediate cause of death: Cardiac Failure — Duration

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein M. D.
Address Sinai Hospital Date signed 7/21/42

F 94125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N Registered No. F 94125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 S. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Kucz

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	213-09-4343	male	White	Married

6 (b) Name of husband or wife: Lottie Kucz — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Poland (Town, county and state)
10. Usual Occupation Iron Worker
11. Industry or business Bethlehem Steel Co

FATHER — 12. Name Stephen Kucz — 13. Birthplace Poland

MOTHER — 14. Maiden Name Anna Oslinski — 15. Birthplace Poland

16 (a) Informant Lottie Kucz
(b) Address 923 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 JUL 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to July 1942 and that I last saw h[illegible] alive on July 18 1942

Immediate cause of death	Duration
Coronary thrombosis	1 hour
Due to Coronary arteriosclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. LeBoutillier M.D.
Address 604 S. Ellwood Ave. Date signed 7/18/42

F 94126

BALTIMORE CITY HEALTH DEPARTMENT ✓ 108 Registered No. F 94126

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Eutaw Pl.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Eutaw Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SATCHWELL

3 (b) If veteran, name war

3 (c) Social Security Account No. 268-03-4422

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hazel Karr
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) May 1, 1901

8. AGE: Years 41 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Bethlehem-Fairfield Shipbuilding

FATHER
12. Name George Stachwell
13. Birthplace Kentucky

MOTHER
14. Maiden Name Many ?
15. Birthplace Kentucky

16 (a) Informant Mrs. Hazel K. Stachwell
(b) Address 1716 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory
Location Portsmouth, Ohio

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place

19 (a) [redacted] (Registrar) (b) Huntington, Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 6:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquest) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, Lobar — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-20-42

F 94128
1 - Municipal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133b F 94127
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden & Madison St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Mt. Chesterton Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna R. Goodman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Roy Goodman
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan 10 1896

8. AGE: Years	Months	Days	If less than one day
46	6	9	hr. min.

9. Birthplace Chestertown - Kent Co. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

MOTHER / FATHER
12. Name William Stiles
13. Birthplace Baltimore Md.
14. Maiden Name Anna Blackwell
15. Birthplace Kent Co. Md.

16 (a) Informant Roy Goodman
(b) Address Kent Co. Md.

17 (a) Buried (b) Date thereof 7-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chester Cemetery
Location Chestertown Md.

18 (a) Funeral director Marion Y. Williams
(b) Address Chestertown Md.

19 (a) JUL 20 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-1942 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1942 to July 19 1942 and that I last saw h[illegible] alive on July 19 1942.

Immediate cause of death Coronary thrombosis — Duration

Due to Chronic myocarditis

Due to Post-operative nephrectomy, Lt.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Hydronephrosis & hydroureter, Lt.
Of autopsy Coronary thrombosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp. Date signed 7/19/42 M. D.

VS 8

F 94128 Manuscripts

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H 6 D

F 94128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 N. Eutaw Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elsie Lorenz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Ambrose Lorenz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/13/189[illegible]

8. AGE: Years	Months	Days	If less than one day
53		6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER — 12. Name	William J. Hubbard
FATHER — 13. Birthplace	Baltimore Md.
MOTHER — 14. Maiden Name	Catherine Harper
MOTHER — 15. Birthplace	Baltimore Md.

16 (a) Informant Mr. Ambrose Lorenz
(b) Address 1337 N. Eutaw Ave. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (d) Funeral director John P. Miller Jr.
(e) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at 6 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/1942 to July 19 1942 and that I last saw h[illegible] alive on July 18 1942.

Immediate cause of death Carcinoma of Sigmoid + Rectum — Duration

Due to

Due to

Other Conditions Terminal pneumonia

(Include pregnancy within 3 months of death)

Date of operation 6/3/42 - 6/13/42

Major findings of operation: Carcinoma of Sigmoid + rectum. Acute Appendicitis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Munce M. D.
Address Bon Secours Hosp. Date signed 7/19/42

Physicians: please write the causes of death clearly and legibly.

VS 3

F 94129 ~~F 94180~~ ✓ F 94129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4811 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4811 Liberty Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Emma Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles R. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28th 1859

8. AGE: Years	Months	Days	If less than one day
82	8	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Harryman
13. Birthplace Baltimore, Co., Md.

MOTHER
14. Maiden Name Martha Newcomb
15. Birthplace Kent CO., Md.

16 (a) Informant M. Wilson Taylor
(b) Address Villa Nova Balto. Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 22 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director [illegible]
(b) Address 1005 [illegible] St. Huntingdon or Pulaski, Md.

JUL 20 1942 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July, 19th 1942 at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 19 1942 and that I last saw h[illegible] alive on 19

Immediate cause of death Coronary Thrombosis — Duration 10 minutes
Due to Generalized Arteriosclerosis — Duration 20 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4509 Liberty Heights Ave. Date signed 7-20-42

VS 3

The age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully

F94130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered 94130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. On board Trinculo, Md. Yacht Club (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Orrin A. Donnell, Jr. Augusta Donnell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 044-16-9990

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida Donnell
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 30 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Maine (Town, county, and state)
10. Usual Occupation: Shipyard Worker
11. Industry or business: Maryland Dry Dock

FATHER
12. Name: Orrin A. Donnell, Sr.
13. Birthplace: Maine

MOTHER
14. Maiden Name: Laura Gilley
15. Birthplace: Maine

16 (a) Informant: Mr. Harold E. Donnell
(b) Address: 505 Overbrook Road, Towson, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location: Ellsworth, Maine

18 (a) Funeral director: E. Thurston
(b) Address: 1005 W. Baltimore St.

19 (a) JUL 20 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-1942, at 12 Noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy (Autopsy or Inquiry) on the fifteenth and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation
Due to: Hanging
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Suicide
(b) Date of occurrence 7-13-42 at 4 A M
(c) Where did injury occur? On board Trinculo (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - M.D. Yacht Club (Specify type of place) While at work? No
(e) Means of injury: Suspended by hemp rope, neck broken

23. Signature: Howard J. Mueller, M.D. Medical Examiner.
Date signed 7-13-42

F 94131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. F 94131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2446 Maryland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RICHARD LEWIS LUALLEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 412-20-1239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35				

9. Birthplace Coalcreek Tenn. (Town, county, and state)

10. Usual Occupation Weigher for
11. Industry or business Tennessee Chem. Co. Tenn

FATHER
12. Name Delous I. Lualen
13. Birthplace Coalcreek Tenn

MOTHER
14. Maiden Name Harriet C. Hunley
15. Birthplace Coalcreek, Tenn.

16 (a) Informant Mrs. Delous Lualen
(b) Address 122 E. Magnolia ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Longfield Mem.
Location Coalcreek Tenn

18 (a) Funeral director Wm F. Fitzsimmons & Son's
(b) Address North & Pa. Ave.

19 JUL 20 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 6:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence July 18, 1942 at 1 A. M.
(c) Where did injury occur? North Ave. bridge nr. Howard Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fall from bridge

23. Signature Per Howard J. Weidels, M.D. M.D.
Medical Examiner.
Date signed July 20, 1942

VS 4

F 94132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 ✓ F 94132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Jefferson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Dixon (Birth F. 54 x 58)
3 (b) If veteran, name war (yes)
3 (c) Social Security Account No.
4. Sex F (We)
5. Color or race C
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 20 42
8. AGE: Years | Months | Days | If less than one day 6 hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Willie Dixon
13. Birthplace Chester S.C.

MOTHER
14. Maiden Name Sarah Reese
15. Birthplace Chester S.C.

16 (a) Informant Sarah Dixon
(b) Address 1621 Jefferson St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 20 1942 Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 20 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 20 1942 and that I last saw him alive on July 20 1942
Immediate cause of death

	Duration
(a) Premature birth	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edw. L. Kelly
Address 1470 E. Chase Date July 20 42

9254

F 94133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48a

F 94133 Registered No.

1. PLACE OF DEATH:

County

City or town: Baltimore, Md.

(If outside city, enter name of county and write RURAL and give nearest town.)

How long in above place of death? Home

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

13 V

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town.)

Street No.: 2101 Bolton Street.

(If rural, give LOCATION)

2.(a) If veteran, name war: - - - - - - -

3. (a) FULL NAME: Helen Lillian Carberry

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) If single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: John Randall Carberry

6.(c) If widow, give age: years

7. Birth date of deceased (mo., day, yr.): August 25th. 1882

8. AGE: Years: 59 Months: 10 Days: 23 If less than one day: hrs. min.

9. Birthplace: Georgetown, Del.

10. Usual occupation: At Home

11. Industry or business:

FATHER

12. Name: Samuel Swoyer

13. Birthplace: Reading, Pa.

MOTHER

14. Maiden name: Mary Johnson

15. Birthplace: Reading, Pa.

16. Informant: Mrs. Nathan Grafton

Address: 218 Murdock road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21st. 1942 (month) (day) (year)

Cemetery or crematory: Cathedral Cemetery.

Location: Frederick Road.

18. Funeral director: Chas. F. Evans & Son

Address: 418 W. Mt Royal Ave.

JUL 20 1942 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18, 1942, at 3 15 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 30, 1942 to July 18 1942 and that I last saw h.er alive on July 16, 1942

Immediate cause of death: Carcinoma of Cervix Uteri — DURATION: 8 mo.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town.) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury: Injured at work?

23. SIGNATURE: Samuel B. Wolfe M.D. M. D. or other

Address: 1331 E. North Ave. Date signed: 7-19-42

E 94134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2735 Riggs avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2735 Riggs avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME JOHN C. KRIEG

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 212-03-5641

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Carrie Muth Krieg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1884

8. AGE: Years 57 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired Western Union

11. Industry or business Operator

FATHER
12. Name Christopher Krieg
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Veron Buettner
15. Birthplace Baltimore, Md.

16 (a) Informant Conrad Krieg
(b) Address 2735 Riggs avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Ellen J. Geary, Inc. Inc
(b) Address 1128 N. Mt. Royal Ave

19 (a) JUL 20 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 4.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940 to July 18 1942 and that I last saw h alive on July 17 1942.

	Duration
Immediate cause of death Coronary Thrombosis	minutes
Due to Arteriosclerosis	2 yrs
Due to Chr. nephritis	3 yrs
Other Conditions Oedema of legs	1 wk.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott

Address 1136 Poplar Grove St. Date signed 7/18/42 M. D.

VS 3

F 94135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 b

F 94135 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6620 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna L. Beavin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Albert J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1871

8. AGE: Years	Months	Days	If less than one day
70	7	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Kearney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary M. Evans
15. Birthplace Ireland

16 (a) Informant Mrs Albert E. Craggs
(b) Address 600 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director J. Evans Sons Inc
(b) Address 118 N. Eutaw St.

19 (a) JUL 20 1942 (Date received by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1937 to July 20 1942 and that I last saw h[illegible] alive on July 20 1942

Immediate cause of death: Cerebral Embolus — Duration 5 dys

Due to: Arterio Sclerosis

Due to:

Other Conditions: Hypertension — 62 Yrs
Metastasis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond P. Hagan M. D.
Address 332 N. Eutaw St. Date signed

VS 8

Please write information should be carefully supplied, as accuracy important. Physicians: please write the causes of death clearly and legibly.

94136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 94136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Grundy Street
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Grundy Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME Katherine Naja

3 (b) If veteran, name war

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1882

8. AGE: Years	Months	Days	If less than one day
60 ?59			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rose Penn (Daughter)
(b) Address 819 S. Grundy Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, County

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

19 (a) Date received JUL 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1942 to July 18 1942 and that I last saw deceased alive on July 18 1942.

Immediate cause of death
Cerebral Thrombosis
Hypostatic Pneumonia
Due

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
7/7/42
7/18/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Lafferty M. D.
Address 432 S. Patterson Pk. Date signed 7/20/42

VS 3

F 94137

Remarks 1700 16/a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holabird QM Motor Base
(c) Hospital or institution:
Station Hospital, Holabird QM Motor Base
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bldg. 248, Holabird QM Motor Base
(If rural give location)
(e) Citizen of foreign country? - - - (Yes or No)
If yes, name country - - -

3 (a) FULL NAME Harold Shoun Potter (Birth F-52631)

3 (b) If veteran, name war - - -

3 (c) Social Security Account No. - - -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	- - -

6 (b) Name of husband or wife - - -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/42

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Sta. Hosp., HQMMB, Balto., Md. (Town, county, and state)

10. Usual Occupation - - -

11. Industry or business - - -

FATHER
12. Name Harold Thomas Potter
13. Birthplace Belhaven, N.C.

MOTHER
14. Maiden Name Vivian Crea Shoun
15. Birthplace La Follette, Tenn.

16 (a) Informant
(b) Address Holabird QM Motor Base, Balto., Md.

17 (a) Removal (Burial, cremation or removal) (b) Date thereof 7/8/42 (month) (day) (year)

(c) Cemetery or crematory Rentzontella, N.C.
Location

18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St

19 (a) Huntington Williams, M.D. Registrar

JUL 20 [illegible]

MEDICAL CERTIFICATION 12:00 Noon

20. DATE OF DEATH July 7 1942 XXXXXXX

21. I certify that death occurred on the date above stated; that I attended deceased from July 4, 1942 to July 7, 1942 and that I last saw him alive on July 7, 1942.

Immediate cause of death Atelectasis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Shoenfelt, R. W. Shoenfelt M.D.

Address HQMMB, Balto., Md. Date signed 7/8/42

F 94138 3816 BALTIMORE CITY HEALTH DEPARTMENT 1248 F 94138

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1748 E. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 E Lombard St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaus J. Kedzior

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 212-05-3358

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): April 30, 1872

8. AGE: Years: 70 | Months: 2 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Mathias Kedzior
13. Birthplace: Poland

MOTHER
14. Maiden Name: Julia Poland
15. Birthplace

16 (a) Informant: Mary Kedzior
(b) Address: 1748 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/21/42 (month) (day) (year)

(c) Cemetery or crematory: Holy Rosary
Location: German Hill Rd.

18 (a) Funeral director: M. W. K. Dippel's Sons
(b) Address: 20 1842 Eastern Ave. Balto. Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1941, to July 18, 1942, and that I last saw h— alive on July 18, 1942.

Immediate cause of death: Hepatic Portal Cirrhosis — Duration: 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Linden M. D.
Address: 14 S. Broadway Date signed

VS 3

F 94139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94139 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 N. Ausgusta st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Ausgusta st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Hurt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Spencer Hart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1901

8. AGE: Years 41 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Onancock, Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Johan Willett
13. Birthplace Va

MOTHER
14. Maiden Name Dina Dixon
15. Birthplace Va

16 (a) Informant Spencer Hurt
(b) Address 1010 n. Ausgusta st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory
Location Accomac, Co. Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brant Ave

19 (a) JUL 20 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1942 to 7-18 1942 and that I last saw h[illegible] alive on 7-18 1942

Immediate cause of death — Duration
Cerebral Hemorrhage — 2 days
Due to Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Marsden M. D.
Address 542 N. Long St. Date signed 7-20-42

F 94140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 39c

F 94140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Charles
(c) City or town Ben Alton
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mary Butler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Chas. Co. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Patient
(b) Address

17 (a) Burial (b) Date thereof 7/23/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Ignatius
Location Bel Alton, Md

18 (a) Funeral director Hunter & Byrne
(b) Address Bel Alton, Md

19 (a) JUL 20 1942 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942 at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to July 20 1942 and that I last saw him alive on July 19, 1942

Immediate cause of death Overwhelming Toxemia

Due to Typhoid Fever

Due to Rocky Mountain spotted fever

Other Conditions Early Cardiac decompensation
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel M.D.
Address University Hosp. Date signed 7/24/42

VS 3

F 94141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. F 94141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 E. 27th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Teresa Bruno

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lawrence Bruno

(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible] 1883

8. AGE: Years 58 | Months — | Days — | If less than one day hr. min.

59

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation At home.

11. Industry or business

FATHER 12. Name Thos. A. Farrand

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary T. Connelly

15. Birthplace Balto. Md.

16 (a) Informant Mr. Lawrence Bruno

(b) Address 520 E. 27th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory Mass Cathedral

Location Edmondson Ave.

18 (a) Funeral director Hunting-Tregoe-Whitmore

(b) Address 5 W. Saratoga St

19 (Date rec'd by registrar) JUL 20 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1942 to 7-20 1942 and that I last saw her alive on 7-20 1942

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardio vascular disease

Due to

Other Conditions Carcinoma of uterus

(Include pregnancy within 3 months of death)

Date of operation 7-15-42

Major findings of operation: Carcinoma of uterus

If autopsy:

Duration 24 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kupsanek Jr. M.D.

Address St. Joseph's Hosp. Date signed 7-20-42

VS 3

F 94142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 94142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl McKay (Birth F-53163)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-42

8. AGE: Years | Months | Days | If less than one day: hr. 10 min.

9. Birthplace St. Joseph's Hospital
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James McKay
13. Birthplace New York

MOTHER
14. Maiden Name Mabel Orce
15. Birthplace New York

16 (a) Informant James McKay
(b) Address 2430 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

(b) Huntington for Williams M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to July 18 1942
and that I last saw h[illegible] alive on July 18 1942

Immediate cause of death: Intracranial hemorrhage

Due to

Due to

Other Conditions: Breech delivery
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Lyons M.D.
Address 1 Grant St Date signed 7-20-42

VS 3

94143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 2 F 94143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Northgate Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Northgate Road (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Elizabeth Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b). Name of husband or wife Henry C. Becker
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) -------- 1866

8. AGE: Years	Months	Days	If less than one day
About 76	---	---	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Valentine Dietz
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Schmidt
15. Birthplace Unobtainable

16 (a) Informant Harry C. Becker
(b) Address 2916 Ellicott Driveway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) Filed 20 1942 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to July 19 1942 and that I last saw h-- alive on July 18 1942

Immediate cause of death Myocarditis — Duration about 10 Mo.

Due to

Due to

Other Conditions advanced arteriosclerosis & Hypertension — 9

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Harold S. Mullat M. D.
Address 2205 Harrison Ave
Date signed July 20/42

F 94144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

871 Registered No. F 94144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Belvieu Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Belvieu Avenue
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country

3 (a) FULL NAME: Rosa E. Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Dr. C. Milton Wells
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1868

8. AGE: Years	Months	Days	If less than one day
About 74	---	--	--hr. ---min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: -----

FATHER
12. Name: Henry S. Fink
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Rosanna McSherry
15. Birthplace: Maryland

16 (a) Informant: Miss Rosa Lucchesi
(b) Address: 4000 Belvieu Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: H. W. Mears my Son
(b) Address: 805 N. Calvert Street

19 JUL 20 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1942, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to July 1942 and that I last saw h.e alive on 7/18 1942.

Immediate cause of death	Duration
Edema of the Brain	
Due to Sclerosis of cerebral vessels	
Due to Generalized arterio Sclerosis	
Other Conditions Hypertension	

(Exclude pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. W. Klenck M. D.
Address 8 Probelerty Pla Date signed 7/20/42

VS 3

F 94145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 X V

Registered No. F 94145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Curtis Bay Md.
(c) Hospital or institution U.S. City of Chattanooga 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County
(c) City or town Wynote Nebraska
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cyril T. Thoene

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 19 22

8. AGE: Years 19 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Fordice Nebraska
(Town, county, and state)

10. Usual Occupation Apprentice Seaman

11. Industry or business U.S. Maritime Service

FATHER
12. Name Henry Thoene
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Records U.S. City of Chattanooga
(b) Address Curtis Bay Depot

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 21-1942 (month) (day) (year)

(c) Cemetery or crematory
Location HARTINGON NEBRASKA

18 (a) Funeral director Pott & B.M. Walton
(b) Address PRATT & STRICKER Sts

19 (a) July 20 1942 (month) (day) (year) (b) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25 15
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 18 1942 3 P M
(c) Where did injury occur? Curtis Bay Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? Yes
(Specify type of place)
(e) Means of injury Fell into harbor

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed

VS 6

94146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. F 94146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2805 Saint Paul Street
(c) Hospital or institution:
X
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Place of death
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Dawson Trippe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Richard Hayward Trippe
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 12, 1876

8. AGE: Years	Months	Days	If less than one day
66	0	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Roger Temple Dawson
13. Birthplace Loudoun County, Virginia

MOTHER
14. Maiden Name Martha Kepler Chamblin
15. Birthplace Leesburg, Va.

16 (a) Informant E. Rowland Dawson
(b) Address 2805 St. Paul St., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins Burial Co.
(b) Address McCulloh & Eutaw Sts

19 (Date rec'd by Registrar) JUL 21 19[illegible] Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to July 18 1942, and that I last saw her alive on July 18 1942.

Immediate cause of death	Duration
hypertension & nephritis (Rt. Kidney removed 1-19-42)	
Due to Metastatic Carcinoma from ovarian malignant	
Due to cyst or carcinoma of [illegible]	1939
Other Conditions Non functioning rt. Kidney removed. Hysterectomy [illegible] (Include pregnancy within 3 months of death)	

Date of operation 1-19-42
Major findings of operation: Carcinoma metastases present. Kidney removed
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charlotte McCarthy M. D.
Address Medical Arts Bldg. Date signed July 20 1942

Baltimore

94147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

494 Registered No. E 94147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 HAMILTON TERRACE
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 HAMILTON TERRACE (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME RHETA FERGUSON BRUNE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife WILLIAM H. BRUNE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 15, 1870

8. AGE: Years	Months	Days	If less than one day
72	5	4	hr. min.

9. Birthplace S. CAROLINA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER 12. Name MR DuBOSE FERGUSON
FATHER 13. Birthplace SOUTH CAROLINA

MOTHER 14. Maiden Name HENRIETTA SIMONS
MOTHER 15. Birthplace SOUTH CAROLINA

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry H. Zukerman & Son
(b) Address McCulloh & Eichard sts

19 JUL 21 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 9:38 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 19 1942, and that I last saw her alive on 19

Immediate cause of death	Duration
CARDIO RESPIRATORY FAILURE	
Due to TOXEMIA FROM CARCINOMATOSIS (ABDOMINAL)	
Due to ADENO CARCINOMA OF OVARY	4 mos.
Other Conditions ASCITES	2 days

(Include pregnancy within 3 months of death)
Date of operation July 2, 1942
Major findings of operations: 12 LITERS Bloody ASCITIC FLUID
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray B. Johnson M.D.
Address Union Memorial Hospital Signed 7-21-42

VS 3

Please write plainly. Every item of information should be carefully supplied as especially important. Physicians: please write the causes of death clearly and legibly.

F 94148-M 75238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128 F 94148 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Graf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Olivia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, 18, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Graf (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ? (D)
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Graf Son
(b) Address 1210 E Fayette St

19 (a) JUL 21 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1942 at 3:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1942, to 7-19 1942 and that I last saw him alive on 7-19 1942

Immediate cause of death Uremia — Duration 4 days

Due to Intestinal perforation

Due to

Other Conditions (OVER)

(Include pregnancy within 3 months of death)

Date of operation 7-11-42

Major findings of operation: Perforated intestinal perforation

of autopsy: Surgeon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Vogel Jr. M. D.
Address Balto City Hosp. Date signed 7-20-42

VS 8

F 94149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3127 Sumter Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3127 Sumter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John L. Gernacke

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Lorena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23-1858

8. AGE: Years	Months	Days	If less than one day
84		27	hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Retired Motorman
11. Industry or business Balto. Transit Co.

FATHER
12. Name Unknown Gernacke
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Lorena Gernacke
(b) Address 3127 Sumter Ave

17 (a) Burial (b) Date thereof June 24 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Co.

18 (a) Funeral director Wellington Cook Inc.
(b) Address 1217 St Paul St

19 (a) JUL 21 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 5 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to July 20 1942
and that I last saw h 14 alive on July 20th 19 42

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	Few Yrs.
Coronary Occlusion	Few Yrs
Due to Coronary Thrombosis	1 Year
Generalized Edema	6 mos
Due to Cardiac Exhaustion	1 day
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex Gernacke Weinstock
Address 4603 Park Heights Ave Date signed 7/24/42 M. D.

VS 3

EVERS

94150

BALTIMORE CITY HEALTH DEPARTMENT

836 Registered 94150

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] St. at Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Charles Felix Evers

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 0105

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/21/60

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82		28		

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Felix Evers
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Ireland

16 (a) Informant Mary A. Robinson
(b) Address [illegible]

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Cavalry
Location Altoona Pa.

18 (a) Funeral director Wilhelm Col. Inc.
(b) Address 1217 Eutaw St.

19 (a) JUL 21 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 19 1942 and that I last saw him alive on July 19 1942

Immediate cause of death: Circulatory Collapse
Due to Cerebral Thrombosis
Due to Arterio sclerosis
Other Conditions Prostatic
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Maryland Gen. Hosp. Date signed 7/19/42 M. D.

VS 3

94151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered 94151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Avenue
(c) Hospital or institution: Methodist Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Frances Morgan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John K. Morgan
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): Oct. 26, 1869
8. AGE: Years 72 | Months 8 | Days 24 | If less than one day: hr. min.
9. Birthplace: Northumberland Co., Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Charles H. Ingram
13. Birthplace: Lancaster Co., Va.

MOTHER
14. Maiden Name: Betty H. Calahan
15. Birthplace: Va.

16 (a) Informant: Miss Nellie Wooden
(b) Address: 2211 Rogers Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: William Cook, Inc.
(b) Address: 1217 St. Paul Street

19 (a) JUL 21 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 19, 1942, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18, 1942 to July 19, 1942, and that I last saw her alive on July 18, 1942.

Immediate cause of death: Toxaemia due to biliary and intestinal obstruction. Duration: 12 da

Due to: Tumor in upper abdomen, presumed to be cancer of head

Due to: of pancreas

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Maurice E. Shannon M. D.

Address 3300 W. North Avenue Date signed 7/20/42

Physicians: please write the causes of death clearly and legibly.

F 94152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

F 94152

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Harford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADELINE BLASE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Otto Blase

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/1861

8. AGE: Years 81 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace South America
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Pierre Claude Benois
13. Birthplace France

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Miss Edna Blase
(b) Address 3110 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pine Aves., Westminster, Md.

19 (Date rec'd by registrar) JUL 21 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1942, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to July 17 1942 and that I last saw her alive on July 17 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days.

Due to: Arteriosclerosis — Duration: Uncertain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Ghent M. D.

Address 2807 Harford Rd. Date signed 7-18-42

VS 8

F 94153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H 9a ✓

Registered No. F 94153

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4006 Penhurst Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4006 Penhurst Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN MARIE STANSBURY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/27/1879

8. AGE: Years	Months	Days	If less than one day
62	7	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business own business

FATHER 12. Name Christopher Columbus Stansbury

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Ann Benard

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Georgia L. Warfield

(b) Address 4006 Penhurst Ave.

17 (a) Burial (b) Date thereof 7/22/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location North Ave., Baltimore, Md.

18 (a) Funeral director W. J. TICKNER & SONS

(b) Address North & Pa. Aves. Balto., Md.

JUL 21 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1- 1941 to 7-19 1942, and that I last saw h[illegible] alive on 7-19 1942.

Immediate cause of death	Duration
Carcinoma - (Probably Z left ovary.	13 mos.
Due to Dural Metastasis - Intestinal obstruction.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death).

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard H. Warren M. D.

Address 1407 Garrison Blvd Date signed 7-20-42

VS 2

F 94154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93x

F 94154

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Little George St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Little George St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PRISCILLA JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Francis Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa ?
15. Birthplace Md.

16 (a) Informant M's Alberta Lane
(b) Address 790 W. Mulberry St.

17 (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 558 W. Biddle St.

19 (a) JUL 21 1942
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 19, '42 19 at 12:35 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 12 '42 to July 19 1942, and that I last saw h[illegible] alive on July 19 1942.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify public place)
(e) Means of injury

23. Signature [illegible]

Address 7[illegible] Date signed 7/21/42 M. D.

VS 3

Please write the causes of death clearly and legibly.

F 94155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94155

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN H LOOS

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 20 | Months: 10 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Student

11. Industry or business

FATHER — 12. Name: John H Loos
13. Birthplace: Baltimore Md

MOTHER — 14. Maiden Name: Lula Simmons
15. Birthplace: Cambridge Md

16 (a) Informant: Wilhom E Murphy
(b) Address: 242 N 29th St

17. Burial (Burial, cremation, or removal) (b) Date thereof: 7/21/42 (month) (day) (year)

(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Wilhom & Son Inc
(b) Address: 1217 E Fort Ave

JUL 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 1942 at 5:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute dilatation	
Due to Cardiac disease Valvular mitral insufficiency	
Due to myocardial fibrosis	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation: no
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed 7-17-42

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 94156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Westwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Westwood ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Goldie Dorman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Israel
13. Birthplace Russia

MOTHER
14. Maiden Name Faiga Nebb
15. Birthplace Russia

16 (a) Informant Martin Dorman - Son
(b) Address Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd
Location Baltimore Md
18 (a) Funeral director Jack Levy Jr
(b) Address 1439 E. Baltimore St
19 (a) (b) Huntington Md
(Date received by local registrar) JUL 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-42 19 , at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to July 20 1942; and that I last saw h alive on July 20 1942;

Immediate cause of death	Duration
Myocardial Decompensation	
Chronic Nephritis	
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. M. Rinaldi
Address Temple Gordon Bldg Date signed 7/20/42

Physicians: please write the causes of death clearly and legibly.

94157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

956 Registered No. 94157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Arcadia Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Falcone

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-4857

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Pauline Violet Falcone

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 28-1903

8. AGE: Years 39 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER
12. Name Frank Falcone
13. Birthplace Italy

MOTHER
14. Maiden Name Frances Centineo
15. Birthplace Italy

16 (a) Informant Pauline Violet Falcone
(b) Address 3713 Arcadia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road.

18 (a) Funeral director Joseph Farace Inc'y
(b) Address 2013 Pennsylvania Ave

19 JUL 21 1942 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 42 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 19 42 to July 19 19 42 and that I last saw him alive on July 15 19 42.

	Duration
Immediate cause of death Congestive Heart Failure	4 days
Due to Bronchial Heart Disease	
Due to	
Other Conditions Possible pulmonary T.B.C.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged ejaculationally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Palumbo M. D.
Address University Hospital Date signed 7-19-42

VS 8

L-94158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20

Registered No. L-94158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Argyle Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 17
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Argyle Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Brown
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Mamie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) [illegible] 1869
8. AGE: Years 73 Months Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Md

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Md

16 (a) Informant Charles Brown
(b) Address 929 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location Anne Arundel County Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Kenney Ave

19 (a) Date received JUL 21 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/42 19 1 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to July 20 1942 and that I last saw him alive on July 20 1942

Immediate cause of death Cerebral Embolism Duration 3 hrs
Due to
Due to
Other Conditions Senile Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Essex M.D.
Address 929 Argyle Ave Date signed 7/21/42

94159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 Edmondson ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Edmondson ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leona Harriday

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-1908

8. AGE: Years 34 | Months 4 | Days 109 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Bramford
13. Birthplace Md.

MOTHER
14. Maiden Name Emma ?
15. Birthplace Md

16 (a) Informant Georgiana Bias
(b) Address 1108 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Cadden
(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1942 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1942 to 7-16 1942 and that I last saw her alive on 7-13 1942

Immediate cause of death	Duration
Hypertensive Cardio Vascular Disease	7 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 3534 Dolphin St Date signed 7-17-42

VS 3

F 94160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wesley Emerson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-07-0753

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1877

8. AGE: Years 64 | Months 8 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Cashier & Bookkeeper

11. Industry or business Woodward, Baldwin & Co.

FATHER
12. Name Jacob Emerson
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Martha N. Haines
15. Birthplace Carroll Co. Md.

16 (a) Informant Miss Jennie Emerson
(b) Address 2629 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Williams Cook Co.
(b) Address 22 W. Saratoga St.

19 (a) JUL 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1942 at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1942 to 7/25 1942 and that I last saw him alive on 7/25 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to: Hypertension

Due to: Gen. Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify public place)
(e) Means of injury

23. Signature J. Sheldon Earland M.D.

Address Medical Arts Bldg. Date signed 7/30/42

VS 8

F 94161 T.N

75208 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 W. 38th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth J. McNamara

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William McNamara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17-1871

8. AGE: Years	Months	Days	If less than one day
70 yrs	7	2	hr. min.

9. Birthplace Maryland Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John J. Clarken
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Dowling
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave 'Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee
(b) Address Fallstaff Village, Md.

19 (a) JUL 21 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-42 19 at 5-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1942, to 7-19 1942, and that I last saw her alive on 7-19 1942.

Immediate cause of death Uremia — Duration 7
Hypertensive cardio vascular disease
Due to Arteriosclerosis
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross 5 M. D.
Address B. C. H. Date signed 7-20-42

VS 3

F 94162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 F 94162 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3718 Roland Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Roland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Luther Edwin Harper

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Marietta D. Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8-1867

8. AGE: Years 75 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER
12. Name John Harper
13. Birthplace Maryland

MOTHER
14. Maiden Name Elmira Fisher
15. Birthplace Maryland

16 (a) Informant Mrs. Marietta D. Harper
(b) Address 3718 Roland Avenue

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof July 21-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Frankford Ave Baltimore, Md

19 (a) JUL 21 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 18 1942 and that I last saw him alive on July 18 1942

Immediate cause of death Myocardial Insufficiency
Due to Arteriosclerosis
Due to Coronary thrombosis & heart block (2-1)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

Duration: 2.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury —

23. Signature Harold Harper M.D.
Address 3429 Chesterfield Date signed 7/20/42

VS 3

correct age is especially important. Physician: please write the cause of death plainly and legibly.

F 94163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86 F 94163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Rocks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Price Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jemima Rutledge

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): August 14, 1896

8. AGE: Years 45 46 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: Madonna Harford, Md. (Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business

FATHER
12. Name: Thomas Turner
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine Bahr
15. Birthplace: Harford Co., Md.

16 (a) Informant: Mrs. Jemima R. Turner
(b) Address: Rocks, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-42 (month) (day) (year)
(c) Cemetery or crematory: Bethel
Location: Madonna, Harford Co., Md.

18 (a) Funeral director: Martin G Kurtz
(b) Address: Darlington, Md.

19 (a) JUL 21 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942 at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of 6th cervical Vertebra — Duration

Due to: fall

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 7-17-42 at ? M
(c) Where did injury occur? Home, Rocks, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury: Fell from truck.

23. Signature: Robert Lee Fraser M.D. Medical Examiner.
Date signed 7-21-42

VS 6

F 94164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 94164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Roundhill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Roundhill Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WESLEY REYNOLDS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Bertha Karow

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Feb.17.1856

8. AGE: Years 86 | Months 6 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Revenue dept. Customs House

11. Industry or business retired 16 years

FATHER
12. Name Dennis Reynolds - deceased
13. Birthplace Ellicott City Md.

MOTHER
14. Maiden Name Mry Ellen Duffey - deceased
15. Birthplace Maryland

16 (a) Informant Mrs. C. Mirth Geyer (Daughter)
(b) Address 1200 Roundhill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 21. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County, Md.

18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address North Ave. & Broadway.

19 (a) JUL 21 1942 (b) Registrar Wilmington, Del.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18.1942 at 3.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-1-1940 to July 18 1942 and that I last saw ... alive on July 18 1942

Immediate cause of death: Hypernephroid Adenoma of Kidney — Duration 2 Yrs.

Due to Chronic Arteriosclerosis — Duration 2 yrs.

Due to Chronic Nephritis

Other Conditions Hypertrophied Prostate

Ulcer Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. C. Geyer M.D.
Address 1561 Belton Ave. Date signed July 21 1942

VS 8

F 94165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

F 94165 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 W. Lexington St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Chandler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Goldie Chandler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Accomac Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Chandler
13. Birthplace Accomac Co Va

MOTHER
14. Maiden Name Lillie Moore
15. Birthplace Accomac Co Va

16 (a) Informant Bertha Benson (daughter)
(b) Address 1219 S. Harmony St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director V. A. Brooks
(b) Address 1463 N. Carey St

July 21 1942 (Date received) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1942 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1942 to July 17 1942 and that I last saw him alive on July 16 1942

Immediate cause of death Cardiac Failure — Duration

Due to Hemorrhage

Due to Ruptured Aortic Aneurysm

Other Conditions Diabetes Mellitus, Carbuncle Back (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr. M. D.
Address University Hosp Date signed 7/18/42

F 94166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94166 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. White marsh Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry J Dieter Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 27 1922

8. AGE: Years	Months	Days	If less than one day
19	6	24	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Truck Farmer

FATHER
12. Name Henry J. Dieter Sr.
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Hannah White
15. Birthplace Balto. Co. Md.

16 (a) Informant Henry J. Dieter Sr.
(b) Address White Marsh Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1942 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Balto. Co. Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 740 Belair Rd Huntington Williams, Md.

19 (a) JUL 21 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 4 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Fracture of Skull	
Due to Compound Comminuted fracture of lower legs	
Due to accident	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 20 1942 at 11 30 PM
(c) Where did injury occur? Belair Rd & Belair Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? street (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 21 1942.

VS 6

correct age is especially important. Physicians: please write plainly and use only accepted abbreviations.

F 94167 Un 3262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Barclay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Blank Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 1923

8. AGE: Years 19 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Blank Sr.
13. Birthplace Md

MOTHER 14. Maiden Name Mabel Spriggs
15. Birthplace Md

16 (a) Informant Mabel Blank
(b) Address 1533 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 42 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location R. I. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1410 E. Preston St

19 (a) (Date received) JUL 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to July 18 1942 and that I last saw h alive on July 18 1942

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
1 mo 1/2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A Jakeman M.D.
Address 2349 Reisterstown Rd Date signed July 20 1942

correct age is especially important. If unknown, please write "unknown."

F 94168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 94168

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lues Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Pruitt (Birth F 53 772)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-42

8. AGE: Years — | Months — | Days | If less than one day 19 hr. min.

9. Birthplace Baltimore Md. (City)
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Catherine Carey
13. Birthplace John Pruitt Tennessee

MOTHER
14. Maiden Name Catherine Carey Kahler
15. Birthplace Baltimore, Md.

16 (a) Informant Harry Kahler
(b) Address Pikesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Frank H. Yewell Inc
(b) Address Pikesville, Md

19 (a) JUL 21 1942 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1942 to 7/19 1942
and that I last saw he alive on 7/19 1942

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. G. Tompakow

Address W. Balto & Gwynn Hospitals Date signed 7/19/42

correct age is especially important. If uncertain, give approximate

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94169 — CERTIFICATE OF DEATH — 83a — F 94169

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Clare St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME John Godfred Kalmbacher

If U. S. Veteran specify WAR

(a) Residence: No. 3 W. Decker Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Kalmbacher

6. DATE OF BIRTH (month, day, year) May 23 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen (State or country) Md.

FATHER

13. NAME John Kalmbacher

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Lithia Balderson (Address) 645 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Methodist Episcopal Place Cemetery Date July 22 - 42

19. UNDERTAKER John A. Miller (Address) 2233 Jefferson St

20. Filed JUL 21 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1942 to July 19, 1942

I last saw him alive on July 19, 1942 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/17/42

Other contributory causes of importance:

Arteriosclerosis (Indefinite)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, explain

(Signed) H. E. Campbell M. D.

7/20/42 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms. No abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 94170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1310 a

F 94170

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 N. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence C. Berger

If U. S. Veteran specify WAR

(a) Residence: No. 1300 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Edith Berger

6. DATE OF BIRTH (month, day, year) Sept. 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Berger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Steinmetz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. Edith Berger

(Address) 1300 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 21, 1942

19. UNDERTAKER John J. Miller

(Address) 1534 W. Pierpont St.

20. FILED JUL 21 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 36 to July 18 1942

I last saw him alive on July 11 1942 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Myocarditis cardiac insufficiency	?
Pulmonary tuberculosis	

Other contributory causes of importance:

Cerebral hemorrhage	1940
Chronic nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Adolf E. Sobotsky M. D.

(Address) 1129 Eutaw Place

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V9 B

94171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 94171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 W. 38th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. 39th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY BRUNS HEISE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Marguerite Heise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9.21.1883

8. AGE: Years	Months	Days	If less than one day
58	9	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Own business

FATHER
12. Name August J. Heise
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Lufpert
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. M. Heise
(b) Address 602 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address [illegible] & Pa. Aves.

19 (a) JUL 21 1942 (Date rec'd by registrar) per Evelyn Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/42 19 , at 6.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14- 19 42 to 7-19- 19 42 and that I last saw h alive on July 19 19 42

Immediate cause of death: Coronary Occlusion — Duration: 6 h
Due to: Coronary Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. L. Wollenweber M.D.
Address 176 Cathedral St. Date signed 7-21-42

F. L. Wollenweber M.D. Asst. Medical Examiner

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94172

E.S. (74965)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Ritdert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1872

8. AGE: Years	Months	Days	If less than one day
70	1	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marcus
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 7/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave. Parville

18 (a) Funeral director John F. Connelly
(b) Address 718 Eastern Ave.

19 JUL 21 1942 (b) Huntington Williams, M.D.
(Actual or probable) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-[illegible] 20 1942, at 1 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942, to 7-[illegible] 20 1942, and that I last saw h[illegible] alive on 7-[illegible] 20 1942.

Immediate cause of death Cardiac failure — Duration ?

Due to Hypertension & V disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-21-42

VS 3

F 94173

F 94173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Lanvale (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cordelia Bundy Jr. (Cordelia Bundy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Negatte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6th, 1884

8. AGE: Years 58 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Salem Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Peter Richards

13. Birthplace Salem Va.

MOTHER 14. Maiden Name Caroline Bynds

15. Birthplace Salem Va.

16 (a) Informant Son Cordelia
(b) Address 1539 Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. W. Howard

(b) Address 1631 Druid Hill Ave

Huntington Williams, M.D.
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 42 at 2 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 19 42, and that I last saw deceased alive on July 19 1942.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 6 hrs 3 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Sellers M. D.
Address 524 Mad Ave Date signed July 21 1942

VS 8

94174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1301 Registered No. F 94174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. CLINTON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS JORDAN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	MARRIED.

6 (b) Name of husband or wife MAY E. JORDAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 19 1867

8. AGE: Years	Months	Days	If less than one day
74	9	0	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED SHIP CARPENTER.
11. Industry or business

FATHER
12. Name ROBERT JORDAN
13. Birthplace PENNA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace PENNA.

16 (a) Informant MAY E. JORDAN (WIFE)
(b) Address 18 N. CLINTON ST.

17 (a) BURIAL (b) Date thereof JULY 22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD.

18 (a) Funeral director Lilly & Zeilenhe
(b) Address [illegible] S. WOLFE ST.

19 (a) JUL 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 19 1942, at 3/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1942 to July 19 1942 and that I last saw him alive on July 19 1942.

Immediate cause of death — Duration
Chronic myocarditis
Due to
Due to
Other Conditions arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N. Eastern Ave. Date signed 7-20-42

VS 8

correct age is especially important. If unknown, please write the words of death clearly and legibly.

F 94175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Hilton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Joyce Ogden (Birth F#3074)

3 (b) If veteran, name war

3 (c) Social Security Account No. 55

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/6/42

8. AGE: Years	Months	Days	If less than one day
	6	5	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ray Ogden
13. Birthplace Balto

MOTHER
14. Maiden Name Virginia Stringer
15. Birthplace Balto

16 (a) Informant Virginia Ogden
(b) Address 119 N Hilton Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Rasmussen Jr.
(b) Address 69 E Washington Blvd

19 (a) JUL 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic endocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 21 1942

VS 6

F 94176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 b

Registered No. F 94176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY W. WILLIAMS

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Jacob H. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/3/1867

8. AGE: Years	Months	Days	If less than one day
74	11	17	hr. min.

9. Birthplace Havre de Grace, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Bennett W. Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah J. Wills
15. Birthplace Maryland

16 (a) Informant Mrs. Kathryn B. Houck
(b) Address 1506 Linden Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 2111 N. Pa. Aves.

19 (d) JUL 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1942 to July 20, 1942 and that I last saw h[illegible] alive on July 20, 1942.

Immediate cause of death: Chronic nephritis — Duration about a year

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pelletreau M. D.
Address 817 Hamilton Ter. Date signed July 21/42

correct age is approximately impossible to ascertain

VS 3

F 94177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 94177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN RECKORD SENFT

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Daniel L. Senft
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/29/1890

8. AGE: Years	Months	Days	If less than one day
51	10	21	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name David B. Reckord
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Anna Bartleson
15. Birthplace Harford Co., Md.

16 (a) Informant Mr. D. L. Senft, husband
(b) Address 4105 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pine Aves., Balto., Md.

19 (a) JUL 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1941, to July 20 1942, and that I last saw h[illegible] alive on July 20 1942.

Immediate cause of death	Duration
My day femure	
cardio vascular disease.	
Congestive heart failure.	
Due to Arteriosclerosis	
Arteriolar sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T King M.D.
Address 1210 Eutaw Pl. Date signed 7/21/42

correct age is especially important.

VS 3

JL - 15725 F 94178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 94178

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 526 S. Hanover St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward M. Engel

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1872

8. AGE: Years 69 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Henry Engel

13. Birthplace Germany

MOTHER

14. Maiden Name Maria Sophia Hecker

15. Birthplace Germany

16 (a) Informant B. C. Hospital Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Frederick Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. Aves.

19 (a) JUL 21 1942 (b) [illegible] Registrar — Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1926, to 7-20 1942, and that I last saw him alive on 7-20 1942.

Immediate cause of death	Duration
Myocardial insufficiency	1 day
Due to Arteriosclerotic Cardiovascular Disease	?
Due to Benign Prostatic Hypertrophy	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-13-42

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald B. Stebbins M.D.

Address Balto City Hosp Date signed 7-21-42

VS 8

Correct age is especially important. Physicians, please write the cause of death plainly and legibly.

F 94179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 94179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. Linden & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Kensett St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS LEE LEFKOWITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/23/1935

8. AGE: Years	Months	Days	If less than one day
6	11	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph Lefkowitz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Agnes Price
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Agnes Lefkowitz
(b) Address 1505 Kensett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 Filed JUL 21 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 20 1942, and that I last saw him alive on July 20 1942.

Immediate cause of death Septicemia — Duration

Due to Ruptured appendicitis — Duration

Due to Generalized peritonitis — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured appendicitis & generalized peritonitis

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 7/20/42

VS 8

PRINT plainly in ink. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

F 94180 ✓ F 94180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 PARKSLEY AVE
(c) Hospital or institution: _____
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2696 Mulberry Ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME WILLIAM-J-TIVVIS

3 (b) If veteran, name war _____
3 (c) Social Security Account No. _____

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife MAMIE-L-TIVVIS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7th 1886

8. AGE: Years 56 | Months — | Days 13 | If less than one day hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business _____

FATHER
12. Name William Tivvis
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Earl J Tivvis.
(b) Address 536 Bennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery or Crematory Mt Olivet
Location Frederick Md.

18 (a) Funeral director E. D. WIPPERT-SON
(b) Address 800 Eutaw Place

19 (a) Date received JUL 21 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/1942, at 5a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to July 20 1942 and that I last saw him alive on July 20 1942

Immediate cause of death: Pulmonary Tuberculosis Duration
Antecedent Arteriosclerosis
Due to Hypostatic
Due to _____
Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert C Peters M. D.
Address 257 Walker Ave Date signed 7/21/42

Please answer all questions; if none, write none. Physician: please write the cause of death clearly and legibly. Be sure that the correct age is especially important.

VS 2

F 94181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 94181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 W. Pratt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN SAGOS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-12-8022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Widowed

6 (b) Name of husband or wife Mary Sagos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1891

8. AGE: Years	Months	Days	If less than one day
70	11	11	hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Sophia Kalachs
13. Birthplace Greece

MOTHER
14. Maiden Name George Sagos
15. Birthplace 2028 W. Pratt Street

16 (a) Informant George Sagos
(b) Address 2028 West Pratt Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave, Irvington

18 (a) Funeral director F. B. Wagner & Son
(b) Address 1300 Eutaw Pl.

JUL 21 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 8 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed

VS 6

Every blank is especially important. Physicians: please write the causes of death clearly and legibly.

F 94182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7/31b F 94182 Registered No.

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 LAKE AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 LAKE AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA DAVIS LAWSON LAIRD

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife FRANK LAIRD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 1 1866

8. AGE: Years	Months	Days	If less than one day
76 72	0	18 17	hr. min.

9. Birthplace CRISFIELD MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name NOAH M.LAWSON
13. Birthplace MD.

MOTHER
14. Maiden Name NANCY WARD
15. Birthplace MD.

16 (a) Informant MRS.I.J.SUMMERS (DAUGHTER)
(b) Address 2222 LAKE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21/42 (month) (day) (year)
(c) Cemetery or crematory ST.PETERS
Location CRISFIELD MD.

18 (a) Funeral director John Brakshaw
(b) Address CRISFIELD MD.

19 (a) JUL 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH JULY 18 1942, at 3/30M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1942, to 7/18 1942 and that I last saw h.e alive on 7/14 1942

Immediate cause of death	Duration
Chronic Nephritis	1 yr
Due to Uremia	
Due to	
Other Conditions Malignant Hypertension	2 yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.C. Wears M.D.
Address 907 Fairview Ave Date signed 7/21/42

VS 3

F 94183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Dupont Avenue
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME: William Albert Conway Jr.

3 (b) If veteran, name war:

3 (c) Social Security Account No. 216-01-0840

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia ?

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.): May 5, 1896

8. AGE: Years 46 | Months 2 | Days 13 | If less than one day -- hr. --- min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Sheet Metal Business

11. Industry or business: Wm. A. Conway Inc.

FATHER
12. Name: William A.Conway
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Anna McCabe
15. Birthplace: Pittsburgh, Pa.

16 (a) Informant: Raymond A. Conway
(b) Address: 1220 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: H. W. Meyers and Son
(b) Address: 805 N. Calvert Street

19 (a) [redacted] (b) Huntington Williams M.D.

JUL 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1942, to 7-18 1942 and that I last saw h[redacted] alive on 7-17 1942

Immediate cause of death: Carcinoma of Colon - Generalized Metastases in abdomen — Duration 9 mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11-25-1941

Major findings of operation: Carcinoma of colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Nelson Cary M. D.

Address 1014 St Paul St Date signed 7-21-42

PLEASE [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48N

F 94184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 Club Road, Roland Pk.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Club Road
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Mary Ethel Carman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Robert R. Carman

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1894

8. AGE: Years 48 | Months --- | Days --- | If less than one day -- hr. -- min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name J. Frank Gwynn
13. Birthplace Maryland

MOTHER
14. Maiden Name Gertrude Latimer
15. Birthplace Maryland

16 (a) Informant Robert R. Carman
(b) Address 303 Club Road

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JUL 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 5.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1937 to July 20 1942 and that I last saw h.er. alive on July 20 1942.

Immediate cause of death Carcinomatosis — Duration 1 year

Due to Carcinoma of Cervix of uterus — Duration 5 years

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation Irradiation - 1937

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hamburger M.D.
Address 1207 Eutaw Place Date signed July 21/42

VS 8

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

F 94185 8 B

T.N 8 20 4 75484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

F 94185
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madelyn Sheely

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Fred. Sheely
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Dec. 28. 1923

8. AGE: Years	Months	Days	If less than one day
18	6	23	..... hr. ..... min.

9. Birthplace Penn
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Household

FATHER
12. Name Maurice Reichenbach
13. Birthplace Pa

MOTHER
14. Maiden Name Ella May Shuck
15. Birthplace Pa

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Removal for Burial (Burial, cremation, or removal) (b) Date thereof July 22. 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Littlestown, PA.

18 (a) Funeral director F. M. Little & Son
(b) Address Littlestown PA. Pa. R.R.

19 JUL 21 1942 (Date received) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 19 42, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 ..... to 19 .....
and that I last saw h alive on 7/21 19 42.

Immediate cause of death	Duration
Generalized septicaemia	
Due to Unknown organism	
Due to	
Other Conditions Pregnancy, 5 mos.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: (over)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. Mattina M. D.
Address B. C. H. Date signed 7/21

Approved. Robert Lee Graham M.D. Med. Examiner

419081

F 94186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 94186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Corinthian Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles S. Klotz

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-21-02

8. AGE: Years	Months	Days	If less than one day
39	10	0	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation General Sales

11. Industry or business

FATHER
12. Name Oliver S. Klotz
13. Birthplace Pa

MOTHER
14. Maiden Name Elizabeth Palley
15. Birthplace England

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 21-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Philadelphia Pa.

18 (a) Funeral director Geo. L. Boyer Jr.
(b) Address 151 N Holliday St.

19 JUL 21 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 21 1942 and that I last saw him alive on July 21 1942

Immediate cause of death	Duration
Hypopharyngeal Duct Tumor and Pneumonia	
Due to	
Due to (over)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-16-42

Major findings of operation: Hypopharyngeal Duct Tumor

of autopsy: " plus Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged/statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp. Date signed 7-21-42

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94187 CERTIFICATE OF DEATH 83a F 94187

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4528 Weitzel Ave St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie E. Clautice [redacted] (U. S. Veteran) specify WAR

(a) Residence: No. 4528 Weitzel Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Clautice

6. DATE OF BIRTH (month, day, year) Oct. 20 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Norris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Worth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry L. Clautice

(Address) 4528 Weitzel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 22 1942

19. UNDERTAKER John L. Mills

(Address) 2334 Jefferson St.

20. FILED JUL 21 1942 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1942

22. I HEREBY CERTIFY, That I attended deceased from 12/5/41, 19 to 7/19/42, 19

I last saw her alive on 7/18/42, 19 Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, with rt. hemiplegia.	Dec. 5, 1941
Other contributory causes of importance: Hypertension and generalized arterio-sclerosis.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jewett, M. D.

(Address) 1415 St. Paul St., City

F 94188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 94188 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 McKean Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ball

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/10/83

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	7	10		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Mitchell
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Lanahan
15. Birthplace Ireland

16 (a) Informant Thomas Ball
(b) Address 903 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Gate Md

18 (a) Funeral director Geo. E. Kelly
(b) Address Luther & Fayette

JUL 21 1942 (Date rec'd by registrar)

(b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1942 to 7/20 1942, and that I last saw h[illegible] alive on 7/20/1942

Immediate cause of death Cardiac Failure
Due to Arteriosclerotic Cardio-vascular Disease
Due to
Other Conditions Hyleno-carcinoma of Colon
(Include pregnancy within 3 months of death)

Duration

Date of operation 3/21/42
Major findings of operation: Hysterectomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheek M. D.
Address WBGH Date signed 7/20/42

VS 3

F 94189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 94189 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulton & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balt. Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia M Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	W.	M

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1857

8. AGE: Years	Months	Days	If less than one day
79	6	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Miller

13. Birthplace Germany

MOTHER 14. Maiden name Christina Griesenbeck

15. Birthplace Germany

16 (a) Informant John Metzler

(b) Address 4015 S Augusta Ave

17 (a) Burial (b) Date thereof 7-22-42
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director Geo A Fahey

(b) Address Fulton & Forrest

19 (a) JUL 21 1942 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1942 to 7/19 1942
and that I last saw h alive on 6 19

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral accident	
Due to Arteriosclerotic cardio vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James R. Dwyer

Address St Agnes Hosp Date signed 7/19/42

VS 2

F 94190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 13-yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 N. Calvert St. - Rooming (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm H. Farne

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World War #1 -	205-05-0116	Male	White	-

6 (b) Name of husband or wife Ruby Farne
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar. 26 - 1893

8. AGE: Years	Months	Days	If less than one day
49	3	21	2 hr. min.

9. Birthplace Elkhorn W. Va.
10. Usual Occupation Shipping Clerk.
11. Industry or business Coal Mine

FATHER
12. Name Wm P. Farne.
13. Birthplace Pottsville Pa

MOTHER
14. Maiden Name Anna Thomas
15. Birthplace Wales England

16 (a) Informant Mildred Mundy
(b) Address 1553 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-42 (month) (day) (year)
(c) Cemetery or crematory
Location Pikesville Md.

18 (a) Funeral director Wendell E Humphreys.
(b) Address 1501 N. Broadway
(Signature of Registrar) Huntington Williams, M.D. Registrar

JUL 21 1942

Via B&O.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18- 1942 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest (Autopsy or Inquiry) did that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mendelson M.D. Medical Examiner.
Date signed 7-18-42

F 94191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 7944

F 94191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Hilken Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Harry Green

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Daisy V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1907

8. AGE: Years	Months	Days	If less than one day
35	2	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Harry S. Green
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Goodsmith
15. Birthplace Md.

16 (a) Informant Mrs Daisy Green
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1942 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location Carroll Co. Md.

18 (a) Funeral director C. Harry Wm
(b) Address Sykesville, Md.

19 (a) JUL 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to July 20 1942, and that I last saw him alive on July 20 1942.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Arthur Rosberg M.D.
Address St. Agnes Hosp. Date signed 7/20/42

VS 3

PLEASE WRITE PLAINLY, with unfading black ink. Give full name of deceased. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94192
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 Penna. Ave
(c) Hospital or institution:
17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Stella Sanone

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	— None	F	W	Widowed

6 (b) Name of husband or wife Joseph
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1862

8. AGE: Years	Months	Days	If less than one day
79	8	24	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sealio
13. Birthplace Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Nicholas Dora
(b) Address 923 Pennsylvania Ave
17 (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. City
18 (a) Funeral director William Cole Sons
(b) Address 1217 St Paul St.
19 (a) JUL 22 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to July 19 1942
and that I last saw h[illegible] alive on July 19 1942

Immediate cause of death Carcinoma of Intestines with
Due to metastases

Due to

Other Conditions Dr. Intestinal Obstruction
(Include pregnancy within 3 months of death)

Duration
Dec. 1941
3 yrs.

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jane Brown, M.D.
Address 1663 W. Fayette St. Date signed 7/19/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

94193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T Kessler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-1446

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate Kessler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1886

8. AGE: Years 55 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Balt Iron Works

FATHER 12. Name Adam Kessler

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Mary O'Brien

MOTHER 15. Birthplace Md

16 (a) Informant Kate Kessler

(b) Address 1820 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Baltimore, Md.

18 (a) Funeral director Hallhom Co Inc

(b) Address 1217 E Pratt St

19 JUL 22 1942 (Date Rec'd, Registered) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 10¼ M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to July 1942 and that I last saw him alive on July 20 1942.

Immediate cause of death Coronary Thrombosis — Duration 7

Due to Coronary Sclerosis — Duration 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 176 E Northern Date signed 7/23/42 M. D.

V8 8

94194 Mt Bayley / 3048 W 10th Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Reese / 94N

Registered No. 94194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 Belmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie G Reese

3 (b) If veteran, name war W
3 (c) Social Security Account No. [illegible]

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, year) Jan 1863
8. AGE: Years 79 Months 6 Days If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housekeeper Retired
11. Industry or business

FATHER
12. Name Landon Reese
13. Birthplace Denmark

MOTHER
14. Maiden Name Eleanor Young
15. Birthplace Md (Penn)

16 (a) Informant Mrs Reese J Reese
(b) Address 3038 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Williams & Son
(b) Address 1219 E Fort Ave

19 (a) JUL 22 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 19 1942 and that I last saw him alive on July 19 1942

Immediate cause of death Coronary Sclerosis — Duration
Due to Arteriosclerosis
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M A Bayley M.D.
Address 304 S Wolfe St Date signed 7/20/42

VS 1

94195 HEALTH DEPARTMENT—CITY OF BALTIMORE F 94195

CERTIFICATE OF DEATH 183a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Baker St. ST. WARD) 13

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A. Tilghman

(a) RESIDENCE No. 517 Baker St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella Tilghman

6 DATE OF BIRTH (month, day, and year) 10/13/1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	9.	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS
10 NAME OF FATHER Chas. C. Tilghman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.
12 MAIDEN NAME OF MOTHER Sarah Tipson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md.

14 Informant Elsie Dotson
(Address) 517 Baker St.

15 JUL 22 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19-42

17 I HEREBY CERTIFY, That I attended deceased from 7-17-, 1942, to 7-19-, 1942
that I last saw him alive on 7-19-, 1942
and that death occurred, on the date stated above, at 12-15 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Arterial Hypertension
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) C. Maxwell Lawrence M. D.
, 19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Memorial — DATE OF BURIAL July 22 1942

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 3101 McCulloh St.

information should be given in plain terms, so that if any of the property CAUSE OF DEATH is very important. See instructions on back of certificates.

F 94196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Twos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Thurman J. Fox — THURMAN J. FOX

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 298-05-2977

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sue Mae Fox

6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Oct 4, 1888

8. AGE: Years: 53 | Months: 9 | Days: 16 | If less than one day: ... hr. ... min.

9. Birthplace: Dayton Ohio (Town, county, and state)

10. Usual Occupation: Boiler Maker

11. Industry or business: Bethlehem-Fairfield

FATHER
12. Name: Curtis C. Fox
13. Birthplace: Md

MOTHER
14. Maiden Name: Anna Bowman
15. Birthplace: Md

16 (a) Informant: Sue Mae Fox
(b) Address: 826 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 22, 1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: Mrs. Mae. John W. Teufel Son
(b) Address: 801 W. Fayette St.

19 (a) JUL 22 1942 (Date rec'd by registrar) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 20 1942 and that I last saw him alive on July 18 1942.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Arteriosclerotic C-V Disease	
Due to: Generalized Arteriosclerosis	
Other Conditions: Meningococcus meningitis. Pulmonary Edema. (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. Kenneth Krukenberg, M. D.
Address: Sydenham Hosp. Date signed: 7/20/42

VS 3

F 94197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 94197
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 E. Fort ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 E Fort ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Harry W. Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1874

8. AGE: Years 68 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housekeeper
11. Industry or business Retired

FATHER
12. Name John N. Craig
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliz Schneider
15. Birthplace Baltimore

16 (a) Informant Mrs Cath L. Fansill
(b) Address 518 E Fort ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto Co. Md.

18 (a) Funeral director J. J. Fahey Sons
Address 1218 Light St.

19 (a) JUL 22 1942 (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 6 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942, to 7-20 1942, and that I last saw him alive on 7-20 1942.

Immediate cause of death: Chronic Myocardial Degeneration — Duration 1 yr.
Due to Arteriosclerosis — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Fansill
Address 707 E. Fort Ave. Date signed 7-21-42 M. D.

VS 3

F 94198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94198

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined and correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1248 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1248 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed or divorced Widowed

6 (b) Name of husband or wife 7/26/1863

6 (c) If married, widowed, or divorced, how long years

7. Birth date of deceased (mo., day, yr.) 7/16/1863

8. AGE: Years 79 | Months — | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Waiter.

11. Industry or business

FATHER 12. Name David Hopkins

13. Birthplace Wales

MOTHER 14. Maiden Name Sarah Evans

15. Birthplace Wales

16 (a) Informant Mrs. Arnold

(b) Address 1248 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Avenue

18 (a) Funeral director John J. Fahey Jr.

(b) Address 1318 Light St.

19 (a) Filed (by registrar) (b) Registrar

JUL 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/42 19 . at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 42 to July 21 19 42 and that I last saw deceased alive on 7/21 19 42

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to Senility

Other Conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.

Address 1225 N Charles St

Date signed 7/21/42

F 94199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 d

F 94199

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Katherine Giesler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1850

8. AGE: Years	Months	Days	If less than one day
91	9	27	hr. min.

9. Birthplace Butler Co. Pa (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Seamstress

FATHER 12. Name Giesler

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Germany

16 (a) Informant Fred. W. Hoffmann

(b) Address 2115 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director George L. Lindquist

(b) Address 2101 Frederick ave.

19 (a) (Date received by Registrar) Huntington Williams Registrar

JUL 22 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 10 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sat. July 18, 1942 and that I last saw h[illegible] alive on 7/18/ 1942

Immediate cause of death	Duration
rectal Hemorrhage	
Due to Probable Carcinoma of rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B Goode M.D.

Address 2435 Ind Ave Date signed 7/20/42

F 94200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 E. Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanton O. Benjamin

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-05-3385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Jane Smith
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1886

8. AGE: Years	Months	Days	If less than one day
55	6	20	hr. min.

9. Birthplace Ellicott City Md (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business B & O

FATHER
12. Name Wilmer Benjamin
13. Birthplace Ellicott City, Md

MOTHER
14. Maiden Name Mary Kelly
15. Birthplace Ellicott City, Md.

16 (a) Informant Mrs. Benjamin
(b) Address 400E Fort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem
Location Hastings-on-Hudson, Westchester Co. N.Y.

18 (a) Funeral director L. Fenwick Leary
(b) Address 130 E. Fort Ave

JUL 22 1942
(Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 4 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Frahm M.D. Medical Examiner.
Date signed July 21 1942

F 94201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94201
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bay near Masonville
(c) Hospital or institution: Spring Gardens.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Brunt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wendell Nicholas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1926

8. AGE: Years	Months	Days	If less than one day
15	11	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Theophinus Nichols
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clementine Johnson
15. Birthplace Balto. Md.

16 (a) Informant Mr Wendell Nichols
(b) Address 2008 Brunt St.

17 (a) Burial (b) Date thereof 7-23-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 22 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

YS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) did that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 14/3
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 21 1942

F 94202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

F 94202 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 South Port street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 South Port Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Father Thomas H. Wiepracht O.M.C.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9 1895

8. AGE: Years	Months	Days	If less than one day
46	8	11	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Catholic Priest

11. Industry or business

FATHER 12. Name Charles Wiepracht

13. Birthplace Poland

MOTHER 14. Maiden Name Veronica Sito

15. Birthplace Poland

16 (a) Informant Rev. Richard Wiepracht O.M.C.

(b) Address Elliott City Md.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore Md

18 (a) Funeral director George A. Weber

(b) Address 705 S Linn st

19 (a) (b) Huntington Williams M.D. Registrar

JUL 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 8:15 PM

21. I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy, thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: O.M.C.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed July 21 1942

F 94203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Singer Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SHIRLEY A. CANAPP (Birth F 46726)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1942

8. AGE: Years | Months: 3 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo. W. Canapp
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Baker
15. Birthplace Maryland

16 (a) Informant George W. Canapp
(b) Address 722 Singer Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Avenue, Balto., Md.

18 (a) Funeral director Samuel H. Damazo
(b) Address 3615-17 Chestnut Avenue

JUL 22 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Pneumonia Lobular	
Due to: Whooping cough	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 7-21-42

VS 8

F 94204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 94204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801½ Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801½ Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Zwiebelman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Herman H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1859

8. AGE: Years 82 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Geo. M. Goodrich
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Geo. G. Zwiebelman
(b) Address 1801½ Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial Park
Location Washington Blvd. & Md.

18 (a) Funeral director Harry H. Little
(b) Address 4101 Edmondson Ave

JUL 22 19[illegible] (Date rec'd by registrar) (Signed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/42, 19, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to July 19 1942 and that I last saw her alive on July 19 1942

Immediate cause of death: arteriosclerotic myocarditis — Duration ?
Due to Generalized arteriosclerosis — ?
Due to
Other Conditions Diabetes mellitus — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schreter M.A. M.D.
Address 548 Fulton Ave Date signed 7-21-42

VS 3

F 94205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 94205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1948 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSEALBA ABEL STROHMER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Geo. M. Strohmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1863

8. AGE: Years	Months	Days	If less than one day
79	4	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lillian H. Hook
(b) Address 1948 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves. Baltimore, Md.

19 (a) JUL 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942, at 5 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 20 1942 and that I last saw h[illegible] alive on July 19 1942.

Immediate cause of death General Arteriosclerosis. — Duration Several Yrs

Due to Old age

Due to

Other Conditions Edarheat + exhaustion. — Several days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 1938 Linden Ave Date signed 7/22/42

VS 3

F 94206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 E. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Godwin

3 (b) If veteran, name war

3 (c) Social Security Account No. 9-12-01-6396

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary C. Godwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1904

8. AGE: Years	Months	Days	If less than one day
38	1	23	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Breakman for
11. Industry or business Baltimore News Post

FATHER
12. Name Littleton Godwin
13. Birthplace Va.

MOTHER
14. Maiden Name Olivia Martin
15. Birthplace Va.

16 (a) Informant Mary C. Godwin
(b) Address 305 E. North Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof July 23 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. J. Tighe Funeral Home
(b) Address 1111 W. Baltimore St.

JUL 22 1942 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 2d

20. DATE OF DEATH July 20 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 21 1942

418429 F 94207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942 F 94207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1855 W Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stretos Sharlatos
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Isabella
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 5-28-92

8. AGE: Years	Months	Days	If less than one day
50	1	21	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Restaurent
11. Industry or business

FATHER
12. Name Pareshe os Sharlatos
13. Birthplace Greece

MOTHER
14. Maiden Name Anna Peters
15. Birthplace Greece

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Albert W Pudgey
(b) Address 410 E North Ave

19 (a) (b)
Filed JUL 22 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at 435 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 19 1942 and that I last saw him alive on July 19 1942.

Immediate cause of death	Duration
Cardiac arrest	
Due to coronary occlusion	recurrent
Due to hypertensive arterio-sclerotic heart disease.	2 yrs.
Other Conditions auric. fibrillation. latent syphilis. (Include pregnancy within 3 months of death)	

Date of operation July 10
Major findings of operation: r. femoral embolus
of autopsy: infarction, l. ventricle.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Fitzgerald M.D.
Address Johns Hopk. Hosp Date signed July 19 '42

F 94208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94208 Registered No. 93d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Pennaylvania
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4821 Chestnut Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY F. MCCOURT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: BETTY LOVITT

6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): February 6, 1884

8. AGE: Years: 58 | Months: 05 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Akron, Ohio
(Town, county, and state)

10. Usual Occupation: BOATSWAIN'S MATE

11. Industry or business: USCG

FATHER
12. Name: William McCourt
13. Birthplace: Akron, Ohio

MOTHER
14. Maiden Name: Nora McCarthy
15. Birthplace: Akron, Ohio

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1942 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Frederick Road.

18 (a) Funeral director: C. Lee Oder
(b) Address: 44 York Road

19 (a) JUL 22 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19, 1942, 10:30a.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1942, to July 19, 1942, and that I last saw him alive on July 19, 1942.

	Duration
Immediate cause of death: Coronary thrombosis	Unk.
Due to: Cardiac disease, myocardial degeneration	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [signature] M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 7/20/42

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94209

CERTIFICATE OF DEATH 49a

F 94209

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Leo St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ANNA KOPEC 45

(a) Residence: No. 1508 Hazel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Kopec

6. DATE OF BIRTH (month, day, year): June 29-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1 0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Antoni Gorski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Katharina Foglowska

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Adam Kopec
(Address) 1508 Hazel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A A Co Date 7-23 19 42

19. UNDERTAKER: Wm. S. Fialkowski
(Address) 2007 Eastern Ave

20. Filed JUL 22 1942 19 ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from May, 1941, to July 20, 1942

I last saw her alive on July 20 1942 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both Ovaries.	Jan 1944

Other contributory causes of importance:

Name of operation Pan Hysterectomy Date of July 27/42

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leon P. Wolcott, M. D.

(Address) 4720 Eden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 94210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

F 94210 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 921 N. Eden St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 921 N. Eden St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Kizzie Manning (Kissie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank Manning

(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) October 7 1907

8. AGE: Years 37 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

MOTHER / FATHER

12. Name Simond, Harris

13. Birthplace Va

14. Maiden Name Sarah Jefferson

15. Birthplace Va.

16 (a) Informant Frank Manning

(b) Address 921 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 704 W. Saratoga St. Huntington Hall Baltimore, Md.

19 (a) JUL 22 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 42 to July 19 1942 and that I last saw h alive on July 19 1942.

Immediate cause of death Cardiac Embolism — Duration July 19, 1942

Due to Valvular disease (Mitral Lesion)

Due to

Other Conditions Acute Rheumatic Fever following infected Throat — May 1942

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Ralph J. Young

Address 1429 E. Monument St. Date signed 7/24/42

VS 3

F 94211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94211 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 William
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 William
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Burns

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14. 1860

8. AGE: Years 82 | Months 1 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Balto. md
(City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Michael Burns

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget McLaughlin

15. Birthplace Ireland

16 (a) Informant Mrs. Annie Benning

(b) Address 1510 William St

17 (a) Burial (b) Date thereof July 23/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto md

18 (a) Funeral director Maurice J. Flynn

(b) Address 1412 Light St Washington Village, Md

19 (a) JUL 22 1942 (b) Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942 at 3.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to July 21 1942 and that I last saw him alive on July 20 1942

Immediate cause of death: Myocardial insufficiency — Duration

Due to

Due to

Other Conditions Arteriosclerosis & Myocarditis
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John A. Schumacher M. D.

Address 1307 S. Clarke St Date signed 7/21/42

F 94212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94212

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia E. Ball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1872

8. AGE: Years	Months	Days	If less than one day
70	6	19	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Secty. of church

11. Industry or business

FATHER
12. Name Charles Ball
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Bertha Z. Reese
(b) Address 2514 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John J. Mitchell Funeral
(b) Address 1900 Eutaw Place

19 (a) JUL 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942 at 8.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942 to July 20 1942 and that I last saw her alive on July 17 1942

	Duration
Immediate cause of death Mesenteric Thrombosis	8 days
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions Coronary Thrombosis Diabetes Mellitus	4 mo. 12 mo.

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Asst. Chatfant M.D.
Address 6710 York Road Date signed July 23 1942

F 94213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: St. Paul Apartments
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days): 11
(e) Length of stay in Baltimore (yrs., mos., or days): 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: none
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: St. Paul Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Arthur Gordon

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 213-05-7763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Mildred Lee Macklubin
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Sept. 1, 1872

8. AGE: Years	Months	Days	If less than one day
69	10	19	____ hr. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Superintendent
11. Industry or business: Yellow Cab Company

FATHER
12. Name: Joseph Nicholson Gordon
13. Birthplace: Md.

MOTHER
14. Maiden Name: Isabel M. Mewburn
15. Birthplace: Canada

16 (a) Informant: Mrs. Mildred M. Gordon
(b) Address: St. Paul Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (month) (day) (year)
(c) Cemetery ~~Shrubbery~~ St. John's
Location: Ellicott City, Md.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) Filed 7 22 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20th 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20th 1942 to July 20th 1942, and that I last saw h[illegible] alive on July 20th 1942.

Immediate cause of death	Duration
Coronary occlusion	1 hr.
Due to Coronary Sclerosis	1 year
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. A. Chestand, M. D.
Address: 1300 E. Calvert St. Date signed

F 94214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186

F 94214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ingleside, Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse H. Usilton

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie C. Usilton
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 10-5-1862

8. AGE: Years	Months	Days	If less than one day
79	7	15	hr. min.

9. Birthplace Kent County Maryland (Town, county, and state)
10. Usual Occupation Insurance Agent.
11. Industry or business ✓

FATHER
12. Name Lewin H Usilton
13. Birthplace Kent County Maryland

MOTHER
14. Maiden Name Harriett Diehl
15. Birthplace Kent County, Maryland.

16 (a) Informant H. Willis Usilton
(b) Address 2814 Englewood ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 22/42
(c) Cemetery or crematory Chester Cemetery
Location Chestertown, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1624 Eutaw Place

19 (a) JUL 22 1942 Huntington Volunteer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 20 1942 and that I last saw him alive on July 20 1942.

Immediate cause of death Cardio respiratory failure — Duration

Due to Senility

Due to

Other Conditions Fracture, Lower third femur, Right leg. (Include pregnancy within 3 months of death)

Date of operation June 30th Emergency

Major findings of operation: Lower third of femur fracture Right leg.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence About June 30 1942 ? M
(c) Where did injury occur? Catonsville Convalescent Home (City or town) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Fall on floor

Signature Harriet C Diehl M.D.
Address Mercy Hospital Date signed 7-20-42
Robert Lee Graham M.D.

V8 3

F 94215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94215 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace E. Navy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George Radcliffe Navy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1873

8. AGE: Years 69 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Charles F. McGinnis

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mollie Applegarth

15. Birthplace Md

16 (a) Informant Mrs. Walter Sibiski

(b) Address 1131 N. Bentalow St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)

(c) Cemetery or crematory Greenmt Cemetery

Location Greenmt Ave & Oliver St

18 (a) Funeral director John D. Mitchell & Sons

(b) Address 1000 Druid Place

19 (a) JUL 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 42 at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 21 1942, and that I last saw h[illegible] alive on July [illegible] 19 42

Immediate cause of death: Cardiovascular disease — Duration: 10 yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George D. Lafferty M. D.
Address 206 Kemble Road Date signed 7/24/42

VS 8

F 94216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56d

F 94216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Presstman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN BLAKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-1378

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1887

8. AGE: Years 55 | Months 4 | Days 1 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER: 12. Name Holy Blake
13. Birthplace Md.

MOTHER: 14. Maiden Name ?
15. Birthplace

16 (a) Informant Rosa Blake
(b) Address 2326 Fenna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Md

18 (a) Funeral director Geo. H. Kelso
(b) Address 1312 Presstman St

19 (a) JUL 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 7:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral edema	
Due to: Meningioma of brain	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No.
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 7-24-42

VS 6

E 94217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. E 94217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2236 Cecil Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Cecil Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Flaherty Evans

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George B Evans
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1882
8. AGE: Years 60 | Months — | Days — | If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name John Flaherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Burns
15. Birthplace Ireland

16 (a) Informant George B Evans
(b) Address 2236 Cecil Ave
17 (a) (Burial, cremation, or removal) (b) Date thereof 7 22 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —
18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E Fayette St Baltimore, Md
19 (a) (b) Registrar

JUL 22 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to July 19 1942 and that I last saw h. alive on July 19 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	2 days
Due to Myocarditis	3 mos
Due to Arteriosclerosis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas D Mike M. D.
Address 532 E 22nd St Date signed

F 94218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#6a

F 94218 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered by the informant. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County A. A.
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Shore (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Gandarski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1893

8. AGE: Years	Months	Days	If less than one day
48	9	10	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name	John Gandarski
FATHER 13. Birthplace	Poland
MOTHER 14. Maiden Name	— Urdmann
MOTHER 15. Birthplace	Poland

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (a) (Name to be supplied by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1942 to July 20 1942 and that I last saw him alive on July 19 1942

Immediate cause of death Cardio Respiratory Collapse — Duration: 7 days

Due to Pneumonia — Duration: 7

Due to Carcinoma of the esophagus — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Peyton Ritchings M. D.
Address Mercy Hospital Date signed July 20, '42

94219 T/N 74948 BALTIMORE CITY HEALTH DEPARTMENT 101 Registered No. E 94219

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore, City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Bradford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August (Bredtschnier) Bredtschneider

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16-1859

8. AGE: Years 82 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace: Germany (town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: John Bredtschnier
13. Birthplace: Germany

MOTHER
14. Maiden Name: ?
15. Birthplace: Germany

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25-42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Taylor Ave

18 (a) Funeral director: John H. Valentine
(b) [redacted] Arlington & Williamson Sts

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1942 at 3 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 7-21 1942, and that I last saw him alive on 6-21 1942.

	Duration
Immediate cause of death: Bronchopneumonia	3 Days?
Due to: Senile enterocolitis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature H. K. Rathbun M. D.
Address Balt. City Hosp Date signed 7-21-42

VS 3

F 94220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 94220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Willow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Willow Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Lohmeyer.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Louisa C. Lohmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29. 1866

8. AGE: Years	Months	Days	If less than one day
75	7	21	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Baltimore City

FATHER
12. Name Charles L. Lohmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Unkowned
15. Birthplace Germany

16 (a) Informant Miss Louisa M. Lohmeyer
(b) Address 719 Willow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave.

18 (a) Funeral director Thos. J. Moran
(b) Address 4201 Gwynnbrook Ave. Phone Forest Hill 2
[redacted] (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1942 to July 20 1942, and that I last saw h.i.m alive on July 20 1942.

Immediate cause of death: Acute Pulmonary Edema — Duration 48 hours
Due to: acute Cardiac dilatation — July 16, 1942
Due to: Arteriosclerotic cardio-vascular disease — May 21 1942
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Barber
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Anthony J. Thomas
Address 4600 York Rd Date signed 7/21/42 M. D.

VS 8

F 94221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 94221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St
(c) Hospital or institution: [redacted] Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr John Fred Coffman.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Miriam L. Coffman

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 16, 1896

8. AGE: Years 46 | Months 5 | Days 5 day | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Hagerstown)
(Town, county, and state)

10. Usual Occupation Insurance Ensurer

11. Industry or business

FATHER
12. Name Charles Emory Coffman
13. Birthplace Md

MOTHER
14. Maiden Name Lillian Cunningham
15. Birthplace Md

16 (a) Informant Mrs John F. Coffman.
(b) Address 712 Northern Parkway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cem.
Location Hagerstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) [redacted] (date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 21st 1942 and that I last saw h[illegible] alive on July 21st 1942.

Immediate cause of death: Cardio respiratory failure — Duration: 3 days.

Due to: Cerebral vascular accident

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Chasen M. D.
Address Union Memorial Hosp. Date signed 7-24-42

94223 N 72138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a Registered No. E 94222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County T
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Friendly In Sharp St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Seperated

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 3, 1878

8. AGE: Years	Months	Days	If less than one day
63	10	16 15	hr. min.

9. Birthplace Pocomoke, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Atkinson
13. Birthplace Worchester County, Md.

MOTHER
14. Maiden Name Virginia Terhune
15. Birthplace Somerset County, Md.

16 (a) Informant Baltimore City Hospital
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)
(c) Cemetery or crematory Pocomoke
Location Pocomoke Md

18 (a) Funeral director E. T. Leonard & Son
(b) Address Ellicott City Md

19 (a) JUL 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1942 at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1942 to 7-18 1942, and that I last saw h alive on 7-18 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 Day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no abst

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp Date signed 7-22-42

VS 8

F 94223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94223
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 N. Bentalou St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan A. Hunter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife Robert Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1858

8. AGE: Years	Months	Days	If less than one day
83	7	16 24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name James Kane
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Mrs Lee. Hunter
(b) Address 829 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Maryland Ave

18 (a) Funeral director John J. Brown & Son
(b) Address 901 Hamilton St.

19 (a) JUL 22 1942 (Date rec'd by registrar) Huntington W. Willis, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1942, at 11 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul 15 1941 to July 20 1942, and that I last saw her alive on July 20 1942

Immediate cause of death	Duration
Bronchopneumonia	7/19/42
Due to Generalized arterio sclerosis	?
Due to	
Other Conditions Senility	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature C P Rostlund M. D.
Address 1316 W Lombard St Date signed 7/21/42

VS 3

F 94224 ✓ F 94224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 767 Ramsay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James (Harry) Norris
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-10-3050

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.) Feb-2-1906

8. AGE: Years	Months	Days	If less than one day
36	5	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laundry work
11. Industry or business

FATHER
12. Name William Norris
13. Birthplace Maryland

MOTHER
14. Maiden Name Nora ? Dyer.
15. Birthplace Unknown

16 (a) Informant Mrs. Bertha Norris
(b) Address 767 Ramsay St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director John R. Feary
(b) Address 1242 Leadenhall

JUL 22 1942 (Date filed) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to 7/20 1942, and that I last saw him alive on 7/20 1942.

Immediate cause of death	Duration
Uremia, Pulmonary infarct	
Penetrating peptic ulcer	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/18/42
Major findings of operations: Adhesions
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Rein M. D.
Address Univ. Hospital Date signed 7/20/42

VS 8

F 94225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

F 94225 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Shenandoah (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. Fourth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Landenbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife (Nagel Fondebach)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-1913

8. AGE: Years	Months	Days	If less than one day
29 28		24 23	hr. min.

9. Birthplace Page Co. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Claude W. Fondebach
13. Birthplace Page Co

MOTHER
14. Maiden Name Leta Shuler
15. Birthplace Page Co

16 (a) Informant B. F. Fondebach
(b) Address 2 South Potomac Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)
(c) Cemetery or crematory Rich Synch
Location Page Co. Shenandoah

18 (a) Funeral director John A. McClain
(b) Address 3000 E. Balto. St.

19 (a) JUL 22 1942 (Registrar to fill in) (b) Huntington Williams Mortuary

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 6 35 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning, accidental	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 21 1942 at 4 30 PM
(c) Where did injury occur? Pier at Fort Armistead (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specify type of place) While at work? Yes
(e) Means of injury Fell into harbor

23. Signature Robert Lee Grattan M.D. Medical Examiner.
Date signed July 22nd 1942

94226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

X ✓ F 94226 !

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo12da
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo12da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Eastport (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 1st Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Floyd Spillman Groves

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Hobson
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1892

8. AGE: Years	Months	Days	If less than one day
49 50	5	20	hr. min.

9. Birthplace Fauquier County, Virginia (Town, county, and state)
10. Usual Occupation LINEMAN
11. Industry or business

FATHER
12. Name John Groves
13. Birthplace Fauquier County, Va.

MOTHER
14. Maiden Name Martha Reckerd
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 25 '42 (month) (day) (year)
(c) Cemetery or crematory
Location Timonium Md.

18 (a) Funeral director J. H. Donovan
(b) Address 1003 W. Balto Street

(a) JUL 22 1942 (Date registered) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July ~~21~~ 22, 1942 at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1942 to July 21, 1942 and that I last saw him alive on July 21, 1942.

Immediate cause of death	Duration
Bilateral confluent broncho-pneumonia	Terminal
Due to Broncho esophageal fistula	2 da.
Due to Carcinoma of rt. bronchus	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4/18;22/1942
Major findings of operations: Bronchoscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. K. Anderson for Donovan M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 7/22/42

F 94227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94227 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3837 Park Heights Ave
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3837 Park Heights. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country Italy

3 (a) FULL NAME Salvatore Barranco.

3 (b) If veteran, name war: no.
3 (c) Social Security Account No. none.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah Barranco
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1869

8. AGE: Years 73 | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant wife
(b) Address 3837 Park Heights

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave.

18 (a) Funeral director C. Lefemine
(b) Address 3601-03 E. Fayette St.

19 JUL 23 19[illegible] (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 7:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1941 to July 20 1942, and that I last saw him alive on July 20 1942.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Renal Disease — Duration: 5 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Iapponi M.D.
Address Medical Arts Bldg. Date signed 7/23/42

VS 8

F 94228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 94228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 N. Bradford St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 N. Bradford St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Hruby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/1900

8. AGE: Years	Months	Days	If less than one day
42		23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joseph Hruby
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Hejl
15. Birthplace Czechoslovakia

16 (a) Informant Stella Korecky
(b) Address 802 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison St.

19 JUL 22 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1942 to July 19 1942 and that I last saw him alive on July 19 1942

Immediate cause of death	Duration
acute Cardiac failure	
Due to Pulmonary Tuberculosis	3/12 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Roarke

Address 801 N Kenwood Ave Date signed July 21 42

VS 3

F 94229

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94229

CERTIFICATE OF DEATH

931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1043 N. Fulton A ve. St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1043 N. Fulton A venue St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William O. Smith

6. DATE OF BIRTH (month, day, year): April 15, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Rev. William O. Smith,
(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: July 23, 1942

19. UNDERTAKER: E. Leroy [illegible] & Son, Inc.
(Address) 256 [illegible] Ave.

20. FILED: JUL 23 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-21, 1942.

22. I HEREBY CERTIFY, That I attended deceased from Oct —, 1938, to July 21, 1942.

I last saw her alive on July 20, 1942. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
ARTERIOSCLEROSIS	1915
& HEART DISEASE	1930.
AURICULAR FIBRILLATION	2 days
Other contributory causes of importance:	

Was an operation performed? No - Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas R. Kleiman, M. D.
(Address) 1101 N. Fulton Ave.

USE

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence and OCCUPATION is very important. See instructions on back of certificate.

F 94230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give name)
(d) Street No. 1835 Mass. Ave, S.E. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Hanson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Ida Hanson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-1886

8. AGE: Years	Months	Days	If less than one day
55	8	10	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Furniture Polisher Salesman
11. Industry or business Self

FATHER
12. Name John N. Hanson
13. Birthplace Wash., DC

MOTHER
14. Maiden Name Alice S. Langley
15. Birthplace Wash., DC

16 (a) Informant Steven C. Hanson (Brother)
(b) Address 1835 Mass Ave S.E. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Location Prince George Co. Md.

18 (a) Funeral director J. F. H. Nevins Co.
(b) Address Washington D.C.

19 (a) JUL 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 22 1942

VS 6

F 94231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 94231
Registered No.

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 251 Robert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-18-5679

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1923

8. AGE: Years	Months	Days	If less than one day
18	6	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Bus Boy

11. Industry or business

FATHER
12. Name Leo Williams
13. Birthplace Md

MOTHER
14. Maiden Name Mary Hicks
15. Birthplace Md

16 (a) Informant Leo Williams
(b) Address 251 Robert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-42 (month) (day) (year)

(c) Cemetery or crematory
Location Arbutus

18 (a) Funeral director George H. Wilson
(b) Address 4302 Boarman Ave

19 (a) JUL 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence obtained by said inquest & autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning, accidental — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 20, 1942 at 5:45 PM
(c) Where did injury occur? Masonville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify home, farm, etc.) While at work? No
(e) Means of injury Boat overturned

23. Signature Roland Lee Graham M.D.
Medical Examiner.
Date signed July 21 1942

VS 6

F 94232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U S Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Brookfield Ave.,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY FURMAN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 217-05-2377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	7 6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Lewis Furman
13. Birthplace Russia

MOTHER
14. Maiden Name Fanney Bloom
15. Birthplace Russia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Belair Rd.,

18 (a) Funeral director Jack Levin Jr.
(b) Address 1437 E. Baltimore St.

19 (a) Filed JUL 23 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1942, at 7:00 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1942, to July 21, 1942, and that I last saw him alive on July 21, 1942.

Immediate cause of death: CARDIAC FAILURE — Duration: UNKNOWN

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify which of these)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/22/42 M. D.

F 94233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mths
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mths.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Brentwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James C. Bull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22-41

8. AGE: Years	Months	Days	If less than one day
1	5	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James A. Bull
13. Birthplace Maryland

MOTHER
14. Maiden Name Doyle Lipp
15. Birthplace Maryland.

16 (a) Informant Mother
(b) Address 1020 Brentwood Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 25, 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Shearman & Donovan
(b) Address 1645 W Lafayette Ave, Baltimore, Md.

19 JUL 23 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to July 23 1942, and that I last saw h[illegible] alive on July 23 19[illegible]

Immediate cause of death — Duration

Leukemia — 3 Mths

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Matthew M. Coy M.D.
Address Mercy Hospital Date signed 7/22/42

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

94234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 94234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied as correct age is especially important. Physicians: please write the causes of death clearly and legibly. Dr. Bayle

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6519 Lefton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6519 Lefton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Lenora Thilson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife William F. Thilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1895

8. AGE: Years	Months	Days	If less than one day
47	3	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Andrew D. Schwab
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hannah Connachton
15. Birthplace Balto. Md.

16 (a) Informant William Thilson
(b) Address 6519 Lefton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Mrs Catholic
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5325 Harford Rd.

19 JUL [illegible] Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 22 1942, and that I last saw h[illegible] alive on July 21 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage -	
Due to Hypertension -	
Arteriosclerosis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Bayle M. D.
Address 5217 Harford Rd. Date signed 7/22/42

94235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 94235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5920 Glenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Robert P. Sinnott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-3-1927

8. AGE: Years	Months	Days	If less than one day
15	6	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Charles Sinnott
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Toulan
15. Birthplace Ireland

16 (a) Informant J. Chas Sinnott
(b) Address 5924 Fielding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road

19 (a) JUL 23 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at 1:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942, to July 22 1942 and that I last saw h alive on July 21 1942.

Immediate cause of death Generalized peritonitis.

Due to Following appendectomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-15-42

Major findings of operation: Acute appendicitis.

of autopsy Generalized peritonitis.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams H. Fuston, M. D.
Address St. Joseph's Hosp Date signed 7-22-42

VS 3

F 94236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94236 Registered No.

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring-Belvedere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Allendale Road
(d) Street No. 2307 Allendale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Abrams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Late Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House work

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Sig Jenkatt
(b) Address Greenspring-Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herrring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 Jul 22 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22 1942, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1937, to 7-22 1942, and that I last saw her alive on 7-22 1942.

Immediate cause of death	Duration
Bronchopneumonia	7-20-42
Arteriosclerosis Cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin MD
Address Levindale Date signed 7/27/42 M. D.

VS 2

F 94237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Buffalo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Ellicott Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN CARL MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	134 03 2991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Myrtel Karchern
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1887

8. AGE: Years	Months	Days	If less than one day
55	1	23	hr. min.

9. Birthplace Marine City, Michigan
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name John F. Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Frederica Graves
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland,

17 (a) Removal (b) Date thereof July 23-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Marine City Michigan

18 (a) Funeral director A. Haley-Fook
(b) Address 407 York Road

19 (a) JUL 23 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942 at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1942, to July 20, 1942, and that I last saw h im alive on July 20, 1942.

Immediate cause of death	Duration
Cachexia and inanition	4 weeks
Due to R Carcinoma of right lung with Metastases to chest	Unknown
mediastinal lymphnodes and	
Due to liver	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan. 26, 28, Feb. 3, 1942
Major findings of operation Rt. Pneumothorax, Bronchoscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital Baltimore, Maryland. Date signed 7/22/42 M. D.

F 94238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 94238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Division St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Caleb Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-4674

4. Sex M | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1901

8. AGE: Years 40 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Lee
(b) Address 1129 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Ark Co. Road

18 (a) Funeral director Robert E. McClain
(b) Address 5-15 McCulloh St.

19 (a) [illegible] Huntington Williams, M.D.
Registrar

JUL 23 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942, to July 20 1942, and that I last saw h[illegible] alive on July 20 1942.

Immediate cause of death Heart Failure — Duration

Due to Cerebral Vascular Accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Taylor M. D.
Address Mercy Hospital Date signed 7/20/42

Physicians: PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Briscoe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elias Gross 74088

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1888

8. AGE: Years	Months	Days	If less than one day
54	0	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Perry
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Brooks
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 404 N. Mount Street

19 JUL 29 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 3:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942, to July 18 1942, and that I last saw him alive on July 20 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration: 4 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hartt M.D.
Address Balto City Hosp Date signed 7/18/42

VS 8

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 796 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Rocky Point NC
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Nora Johnson

13. Birthplace Rocky Point NC

MOTHER 14. Maiden Name Julia Felton

15. Birthplace Rocky Point NC

16 (a) Informant Jessie Johnson

(b) Address 796 W Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 42 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Baltimore Md

18 (a) Funeral director [illegible]

(b) Address 914 [illegible] Washington Avenue, Phila, Pa.

19 JUL 23 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed July 22 1942

VS 6

F 94241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

F 94241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Isabella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-99

8. AGE: Years 42 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Isabella Washington

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Grant La

19 (a) JUL 23 1942 (Date rec'd by registrar) (b) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 950 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18th 1942 to July 18th 1942 and that I last saw h[im] alive on July 10th 1942

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Luetic Heart Disease with Aortic Insufficiency	8 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Grief M. D.

Address J H H. Date signed 7-19

VS 3

IMPORTANT: WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 94242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Argyle ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widowed

6 (b) Name of husband or wife Samuel Freeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-1870

8. AGE: Years	Months	Days	If less than one day
61 62	10	5	hr. min.

9. Birthplace Kent Co. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Wright
13. Birthplace Kent Co Md

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Kent Co Md

16 (a) Informant Nora Freeman
(b) Address 1124 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of burial July 24 1942 (month) (day) (year)
(c) Cemetery or crematory Melitota
Location Kent Co. Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 227 Schroeder St.

19 (a) JUL 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1942 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1942 to 7-20 1942 and that I last saw h[illegible] alive on 7-18 1942

Immediate cause of death Hypertension, Cardio Vascular Disease — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Atwell Jones M.D.
Address 5-5-7 Dolphin St Date signed 7-20-42

VS 3

94243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 94243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 West Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city limits, write RURAL and give town)
(d) Street No. 122 West Lanvale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cazewell Taylor Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No. NAP

4 Male | 5 White or race | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mare

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9-1872

8. AGE: Years 69 | Months 10 | Days 13. If less than one day hr. min.

9. Birthplace St Marys Co Md (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Capt George Thomas
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Ellen Beall
15. Birthplace Virginia

16 (a) Informant George T. Thomas
(b) Address 122 West Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location St Marys Co Md

18 (a) Funeral director William Cook Inc
(b) Address 417 St Paul St Balto Md

JUL 23 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. (Signature of physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to 7/21 1942 and that I last saw him alive on 7/20 1942.

Immediate cause of death
(a) Glioma Adenocellulare
Due to
Due to
Other Conditions Benign Hypertrophy Prostate
(Include pregnancy within 3 months of death)

Duration 2 days

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack. R. Morgan M.D.
Address 6 E Read St Balto Md Date signed 7/22/42

VS 3

Please write plainly, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94244 T/S No Case No. ✓ F 94244

entered Hospital 7-18-31

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Winn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 4, 1850

8. AGE: Years	Months	Days	If less than one day
91	9 8	12 16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jesse House
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1217 St Paul St

19 JUL 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1942, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1931, to 7-20 1942, and that I last saw h[illegible] alive on 7-20 1942.

Immediate cause of death	Duration
Senile Arteriosclerosis	
Pneumonia.	Chronic
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geoffrey R. Osler.
Address Balt City Hosp. Date signed 7-24-42

VS 3

F 34245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. F 34245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Abbott Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy M. Schreiber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21 - 1939

8. AGE: Years	Months	Days	If less than one day
3	5	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Schreiber
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Bussard
15. Birthplace Balto Md

16 (a) Informant Joseph Schreiber
(b) Address 1118 Abbott Court

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 25-1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Hennig Hoeck & Sons Co
(b) Address 1101 E. Eager St.

19 JUL 23 1942 (Date rec'd by registrar) (b) Huntington Pittsville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 12 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy & inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & inspection find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Compound comminuted fracture of skull. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 10/2
(b) Date of occurrence July 22 1942 at 12 05 P M
(c) Where did injury occur? Eager & Ewan Sts
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place)
(e) Means of injury Struck by truck
23. Signature Robert Ed Gratton M.D.
Medical Examiner.
Date signed July 22 1942

VS 6

Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

94246

419072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39c

Registered No. E 94246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town PARKTON (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D #2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-99

8. AGE: Years	Months	Days	If less than one day
43	2	9	hr. min

9. Birthplace Md (Town, county, and state)

10. Usual Occupation FARM HAND

11. Industry or business

FATHER
12. Name Joseph Norris
13. Birthplace Md

MOTHER
14. Maiden Name Ida Alomy
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUL 23 1942

18 (a) Funeral director Commissioner of Health
(b) Address JUL 23 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942 at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to July 18 1942 and that I last saw HIM alive on July 18 1942.

Immediate cause of death: Tick bite fever — Duration: 11 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: extensive hemorrhages in lungs, liver & spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Krol

Address Johns Hopkins Hospital Date signed July 19, 1942

9265

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The

94247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 143271

Registered No. F 94247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Faith Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jackson (Birth F-53224)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Lula Briggs
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 23 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 42 at 4:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 19 42 to July 19 19 42 and that I last saw her alive on July 19 19 42

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.

Address The Johns Hopkins Date signed

VS 8

9267

Every item of information should be carefully checked. Please PRINT, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94248 Kucharski

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2612 Orleans ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Kucharski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Leo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home.

FATHER
12. Name Frank Makowiecki
13. Birthplace Baltimore

MOTHER
14. Maiden Name Tinnie Curdel
15. Birthplace Poland

16 (a) Informant Leo Kucharski
(b) Address 2612 Orleans Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) JUL 23 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd 1942 at 6:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

Immediate cause of death	Duration
Chronic pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grattan M.D.
Medical Examiner.
Date signed July 23 1942

VS 6

- correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 94249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94249

Registered No. 94b

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3725 Ferndale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Ferndale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Spedden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles P. Spedden
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) September 2, 1879

8. AGE: Years	Months	Days	If less than one day
62	10	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marion F. Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Hardy
15. Birthplace Maryland

16 (a) Informant Mr. Charles P. Spedden
(b) Address 3725 Ferndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 N. Baltimore St.

19 (a) JUL 23 1942 Huntington Williams M.D. Registrar
(b) Filed JUL 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 12.15 M

21. I certify that death occurred on the date above stated, that I attended deceased from May 1942 to July 1942 and that I last saw her alive on July 22 1942

Immediate cause of death Angina Pectoris — Duration
Due to Arteriosclerosis
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4710 Liberty Hgts Ave Date signed

VS 3

Cook

F 94250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4/c

F 94250
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town PASADENA
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edgewood Ave., High Point
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WELLS TAYLOR

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1873

8. AGE: Years 69 | Months 3 | Days 14 | If less than one day: hr. min.

9. Birthplace MT. LAUREL, NEW JERSEY
(Town, county, and state)

10. Usual Occupation RR MAN

11. Industry or business

FATHER
12. Name William W. Taylor
13. Birthplace New Jersey

MOTHER
14. Maiden Name Lucy
15. Birthplace New Jersey

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md

18 (a) Funeral director William Cook Inc
(b) Address 121 St Paul St Baltimore

19 (a) 7-23-1942 (Registered by registrar) (b) Huntington Williams M.F.

VS 8 Veteran

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1942, at 10:00 am M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1942 to July 21, 1942, and that I last saw him alive on July 21, 1942

Immediate cause of death: BRONCHO-PNEUMONIA — Duration: 2 Days

Due to: BRONCHOGENIC CARCINOMA — Undet.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify whether at place)
(e) Means of injury

23. Signature [signature]
M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 7/22/42

F 94251

F 94251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 449 E. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Scott

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1935

8. AGE: Years	Months	Days	If less than one day
6	6	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Briggs
15. Birthplace Md.

16 (a) Informant James Scott
(b) Address 449 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-42 (month) (day) (year)
(c) Cemetery or crematory Woodland Cem.
Location Parkville Md

18 (a) Funeral director Wareham Brock Inc
(b) Address 201 St. Paul Street

19 (a) 7-23-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 3 20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry ~~& no autopsy~~ thereon and from the evidence obtained by said inquiry ~~& no autopsy~~ find that said deceased came to ~~his~~ death on the day stated above.

(Autopsy or Inquiry)

Immediate cause of death Compound fracture of skull.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 22nd 1942 at M
(c) Where did injury occur? 424 E. Lanvale St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Fratzer M.D. Medical Examiner.
Date signed July 23rd 1942

YS 6

USE INDIA INK, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Halcyon Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL MORRISON

3 (b) If veteran, name war W

3 (c) Social Security Account No. 0046

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Morrison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1867

8. AGE: Years 75 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Morrison

13. Birthplace Canada

MOTHER 14. Maiden Name Theresa Smith

15. Birthplace Malta

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director Fullerton Co Inc

(b) Address 1217 St Paul St

19 (Date filed by registrar) JUL 23 1942 (Signature of Registrar) Washington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1942, to 7/22 1942, and that I last saw h[illegible] alive on 7/22 1942.

Immediate cause of death

Intracranial Hemorrhage — Duration: 1 day

Due to Hypertension C-V Disease — Duration: 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home and Infirmary Date signed 7/22/42

F 94253 Un 1832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1337 F 94253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39th & Canterbury Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts-39th & Canterbu 27 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES WALTER MORTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	220-05-3944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Maude M. Morton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1870

8. AGE: Years	Months	Days	If less than one day
71	8	16	hr. min.

9. Birthplace Madison, Indiana (Town, county, and state)
10. Usual Occupation Executive
11. Industry or business

FATHER
12. Name John Morton
13. Birthplace Indiana

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mrs. Maude M. Morton
(b) Address Ambassador Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Mount Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto.

JUL 23 1942 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 21 1942, and that I last saw h alive on July 21 1942

Immediate cause of death Suprarenal Hemorrhage
Due to Ruptured Gastric Ulcer
Due to Renal Failure

Duration 3 hr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John T. Evans M. D.
Address 617 W 40 St Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-94254 1213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 94254 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 N. Chas ter Street
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Mrs Augusta Rettaliata

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Anthony Rettaliata
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 19 1885

8. AGE: Years	Months	Days	If less than one day
56	7	3	___ hr. ___ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Euler
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director H. U. Meeks & Son
(b) Address 805 N. Calvert Street

19 (a) JUL 23 1942 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 9 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942 to July 22 1942, and that I last saw her alive on July 22 1942.

Immediate cause of death: Chronic glomerulo nephritis — Duration 7

Due to: ----- Duration ----

Due to: ----- Duration ----

Other Conditions Hypertensive C-V disease — Duration ?

(Include pregnancy within 3 months of death)

Date of operation -----
Major findings of operation: -----
of autopsy: -----

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -----
(b) Date of occurrence ----- at ----- M
(c) Where did injury occur? ----- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ----- (Specify type of place) While at work? -----
(e) Means of injury -----

23. Signature [illegible]
Address Church Home & Infirmary Date signed 7/23/42 M. D.

VS 2

F 94255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182W

F 94255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan ELEANORE WIGHT. (Twin 2) (Birth F-44844)

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 23 1942

8. AGE: Years | Months: 5 | Days: — | If less than one day: hr. min.

9. Birthplace: BALTO MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name JOS E WIGHT
13. Birthplace BALTO MD

MOTHER
14. Maiden Name VERA M FITZHUGH
15. Birthplace BALTO MD

16 (a) Informant JOS E WIGHT.
(b) Address 1512 LIGHT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY. 25- 42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS Cem
Location A A Co MD

18 (a) Funeral director Bernard C Hanke
(b) Address 121 E West St.

19 JUL 23 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 9:40 A M

21. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest & an operation thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & an operation find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Suffocation by bed clothes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 23 1942 at 6:30 A M
(c) Where did injury occur? 1512 Light St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Smothered by bed clothes

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed July 23, 1942

VS 6

CORRECTION—WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

dr 1234 ft withdrawal ✓ ✓

F 94256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 1 W F 94256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 N. Bunley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N. Bunley St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Timothy A. Hughes

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-1062

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine Hughes

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 31, 1882

8. AGE: Years 59 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Motorman on Transit Co

11. Industry or business Retired

FATHER
12. Name Timothy Hughes
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nolan
15. Birthplace Ireland

16 (a) Informant Katherine Hughes
(b) Address 712 N. Bunley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Brach & Son
Address 900 N. Chester St

JUL 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 11 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 1938 to July 21 1942, and that I last saw him alive on July 10 42.

Immediate cause of death: Hypertensive cardiovascular renal disease — Duration 2

Due to:

Due to:

Other Conditions: Heart Block, Chronic myocarditis — Duration 2 years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert E. Sikorsky M.D.
Address 3929 Mc Clean Blvd Date signed 7/24/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 b

Registered No. F 94257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hosp. H-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) 9 da

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Newburgh (If outside city or town limits, write RURAL, and give town)
(d) Street No. Kingwood Pike (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin H. Dinsmore

3 (b) If veteran, name war None

3 (c) Social Security Account No. 705-07-6837

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie Dennison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19-1888

8. AGE: Years 54 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Newburg W Va (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business B & O. Railroad

FATHER 12. Name Franklin Henry Dennison

13. Birthplace W. Va.

MOTHER 14. Maiden Name Eliza Simpson

15. Birthplace W. Va.

16 (a) Informant Mrs. Nellie Dennison

(b) Address Kingwood Pike Newburg W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-42 (month) (day) (year)

(c) Cemetery or crematory

Location Newburg W. Va

18 (a) Funeral director Geo. L. Berger Jr

(b) Address 1512 Hollins St

19 July 24 1942 (c) Signature Wellington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942, to July 23 1942, and that I last saw h[illegible] alive on July 23 1942.

Immediate cause of death Encephalitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. P. Raby M.D.
Address University Hospital Date signed July 24/1942

VS 8

F 94258 F 94258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Ridgehill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Luby

3 (b) If veteran, name war W
3 (c) Social Security Account No. None
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John Luby
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/21/91
8. AGE: Years 51 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Satterfield
13. Birthplace Md.

MOTHER
14. Maiden Name Joanne Mitchel
15. Birthplace Md.

16 (a) Informant B.C. Hospital Records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/42 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Balto Co Md
18 (a) Funeral director Wilhoyte & Sons
(b) Address 241 E Lexington St
19 1/24/42 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1942, at 1:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1942 to 7-23 1942, and that I last saw her alive on 7-23 1942

	Duration
Immediate cause of death: Uremia	
Due to: Arteriolar nephrosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: On blood

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. C. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-23-42

VS 8

The information should be carefully supplied. Every item of information should be carefully supplied. Every item of information should be carefully supplied. Every item of

94259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Catonsville Rescue Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Phillips
3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Arnold Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13. 1869

8. AGE: Years	Months	Days	If less than one day
73	1	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Margaret Hobbs
(b) Address 916 N Washington St
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Wilhelm & Deane
(b) Address 1217 E Pratt St
19 JUL 24 1942 (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942 at 4 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 23 1942 and that I last saw he alive on July 23 1942

Immediate cause of death Cardiac Decompensation — Duration
Due to Arteriosclerotic Cardio-Vascular Disease
Due to
Other Conditions Hemorrhoidectomy Femoral Hernia-op
(Include pregnancy within 3 months of death)
Date of operation July 14, 1942
Major findings of operation
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hough M. D.
Address St Joseph's Hosp Date signed 7/23/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before it is written. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 94260 GROSS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Upton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Upton st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lola Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-1876

8. AGE: Years 65 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Louise Williams

(b) Address 529 N. Mulberry

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 7 24 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location Anne Arundel County Md

18 (a) Funeral director William A Jackson

Address 916 Penhagen ave

JUL 24 19[illegible] (Date filed) (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942, to July 22 1942, and that I last saw her alive on July 21 1942.

Immediate cause of death Carcinoma of Stomach — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Williams Fray M D

Address 1928 Penna Ave Date signed July 23/42

VS 8

Every item of information should be carefully checked, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 94261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 94261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Fulton Ave. 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ann G. O'Conner

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 01 5754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1877.

8. AGE: Years	Months	Days	If less than one day
64	6	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Feeters Dye & Cleaning

FATHER
12. Name Daniel O'Conner
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Conroy
15. Birthplace Ireland

16 (a) Informant Mrs. Mary E. Johnson
(b) Address 623 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/42. (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Weitzfle
(b) Address 4101 Edmondson Ave.

19 (a) JUL 24 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942, at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1942 to July 21 1942 and that I last saw her alive on July 20 1942

Immediate cause of death	Duration
Myocardial degeneration	2 yrs
Due to Arterio-sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer A. Todd M.D.
Address 735 N. Fulton Ave. Date signed 7-23-42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 94262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. F 94262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 S. Paca st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D-2
(e) Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S. Paca (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H Lewis

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-05-4898

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mamie Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	9	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Mamie Lewis
(b) Address 603 S Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location Balto Md

18 (a) Funeral director Isaiah Brown & Son
(b) Address 18 W Montgomery St

19 (a) JUL 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1942 to 7/21 1942 and that I last saw h alive on 7/20 1942.

Immediate cause of death Acute Dilatation

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.
Address 2134 Druid Hill Ave

VS 2

Every item of information should be carefully checked. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 94263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 E. Lombard st.
(c) Hospital or institution: Mercy Hospital 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Balt. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 E. Lombard (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Bowen Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	married

6 (b) Name of husband or wife William R. Wilson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Atkins
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Williams
15. Birthplace Virginia

16 (a) Informant Husband
(b) Address 804 E. Lombard st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a co - Md

18 (a) Funeral director James A. Stapleton
(b) Address 842 Washington Blvd

19 (a) JUL 24 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942 at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 21 1942 and that I last saw h[illegible] alive on July 21 1942.

Immediate cause of death	Duration
Ruptured Ectopic Pregnancy	
Due to Hemorrhage from rupture	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 21, 1942

Major findings of operation: Massive maternal hemorrhage of ruptured peritoneum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Davies M. D.
Address Mercy Hospital Date signed 7/21/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT USE LEAD PENCIL OR FADING INK. Every item of information should be carefully obtained, and the

VS 3

JL F 94264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 k

F 94264 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Decker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Freburger

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-01-9356

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Emma A. Esposito

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1883

8. AGE: Years 59 | Months 7 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Henry Freburger
13. Birthplace Balto.

MOTHER
14. Maiden Name Josephine Biddle
15. Birthplace Balto.

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) JUL 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 19 42 at 0220 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1942 to 7/22 19 42 and that I last saw h[illegible] alive on 7/22 19 42.

Immediate cause of death: Pulmonary Tuberculosis — Duration ? 1 yr.
Due to: Tuberculous Pleurisy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

I Signature Wm. Irvin Grossman M.D.
Address Baltimore City Hospitals Date signed 7/23/42

VS 8

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] SPREADING INK.

F 94265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 Registered No. F 94265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 MORELAND AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 MORELAND AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RACHEL ABRAMS

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MORRIS
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant MRS. HIRSCH BAUM
(b) Address 1729 MORELAND AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cem.
Location Forbidden Lane

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E Balt St

19 (a) JUL 24 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-42 19 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 23 1942 and that I last saw h[illegible] alive on July 23 1942.

	Duration
Immediate cause of death Cerebral Thrombosis	4 days
Due to Generalized Arteriosclerosis	?
Arteriosclerotic Cerebrovascular Disease	?
Due to Chronic Myocarditis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Philip F. Lerner
Address 2401 W. North Ave. Date signed 7/23/42

VS 8

Every item of information should be carefully checked, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94266 HEALTH DEPARTMENT—CITY OF BALTIMORE F 94266

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1131 McKean St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jenkins — If U. S. Veteran specify WAR

(a) Residence: No. 1130 McKean Ave St. 16-4 Ward. (Birth F-53411)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/22-42

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Estelle Crumbles

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHN HOPKINS MEDICAL SCHOOL JUL 24 1942 19

19. UNDERTAKER (Address) Commissioner of Health

20. Filed JUL 24 1942 Courtney for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 —, 1942

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 1942 to 7/22 —, 1942

I last saw him alive on 7/21, 1942. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 1 month	
Other contributory causes of importance: Atelectasis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas A Cohn M. D.

(Address) 2145 W Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

9268

94267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

Registered No. F 94267

Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 Wilkins Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 Wilkins Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Lowery

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Reinhardt Lowery

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Dec 17 - 1866

8. AGE: Years 75 | Months 7 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Frederick Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Reinhardt Lowery
(b) Address 745 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Pott & Mc Walters
(b) Address Pratt & Fulton Sts. Baltimore, Md.

JUL 24 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at 9:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1941 to July 22 1942 and that I last saw h[er] alive on July 22 1942.

Immediate cause of death
General Adenopathy
Due to Old age
Due to Chronic Splenic Leukemia
Other Conditions Ulcer Rectum

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

Duration: Several years | Many years | Several days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. W. Keerans M.D.
Address 1938 Linden Ave Date signed 7/23/42 M. D.

F 94268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & St Paul Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apts. 31st & St. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Lee Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Dora Hobbs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1863

8. AGE: Years 79 Months Days If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Melburn
13. Birthplace Ft Mary's Co. Md

MOTHER
14. Maiden Name Eliz. Hobbs
15. Birthplace Montgomery Co. Md

16 (a) Informant Mrs T. Hobbs Canning
(b) Address 1313 Spruce St Phila. Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore City

18 (a) Funeral director Wm. J. Hobbs & Son, Inc.
(b) Address 1923 St Paul St

19 (a) JUL 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942 at 9 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to July 21 1942 and that I last saw he/she alive on July 21 1942

Immediate cause of death Hypertension / Cardiovascular renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. Goldborough M. D.
Address 1923 St Paul St Date signed 7/23/42

VS 3

Every item of information should be carefully checked. THE UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 94269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 448-E-22-St-
(c) Hospital or institution:
at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 448-E-22-St-
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Stansbury

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Stansbury

(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 29 1864

8. AGE: Years 77 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Darius Stansbury
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Denmead
15. Birthplace Baltimore

16 (a) Informant Henry D Stansbury (son)
(b) Address 2724 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)

(c) Cemetery or crematory Druid Mount
Location Baltimore

18 (a) Funeral director Shivers Mooney Co.
(b) Address [illegible]

19 (a) JUL 24 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1942, to July 22, 1942, and that I last saw h[illegible] alive on July 22 1942

Immediate cause of death: Coronary Thrombosis — Duration: Immediate

Due to: Generalized arteria-sclerosis — Duration: 1 year

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank H. Ogburn M. D.
Address 2701 N. Calvert Date signed July 24 42

VS 8

Every item of information should be carefully checked, WRITE UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310a Registered No. F 94270

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Druid Hill ave Balto Md
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Druid Hill ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3 (a) FULL NAME John Wesley Smith

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Negro	Widow

6 (b) Name of husband or wife Josephine Smith

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
78 yrs	8 mos	6 days	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant John Wesley Smith
(b) Address 2108 Druid Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George H. Kelson
(b) Address 1303 Pennsylvania ave

19 Date received JUL 24 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to July 21 1942, and that I last saw h alive on 7-20-1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr

Due to Cardio, Vascular, Renal Disease

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation

of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Roy King MD M. D.
Address 1135 Eutaw Date signed 7/24/42

F 94271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. F 94271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Oxford St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Grace Butler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 Months Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Tony
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Sarah Moten (daughter)
(b) Address 1502 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George D. Kelson
(b) Address 1303 Presstman St

19 (a) JUL 24 1942 (b) Registrar Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1942 at 9.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1942 to 7/21 1942 and that I last saw h alive on 7/21 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 7/20/42

Due to Hypertension

Due to

Other Conditions Nephritis and Acute Enteritis 7/15/42

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J Murray M.D.
Address 1424 E Monument Date signed 7/22/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94272

BALTIMORE CITY HEALTH DEPARTMENT 1942

CERTIFICATE OF DEATH

F 94272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1552 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1552 N. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Meyberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1854

8. AGE: Years	Months	Days	If less than one day
88	5	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Dora Meyberger
(b) Address 1552 N. Fulton Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1837 N. North Ave.

19 (a) JUL 24 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & inspection and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
arterio-sclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D. Medical Examiner.
Date signed July 23, 1942

VS 6

Every item of information should be carefully supplied. Write with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

E 94273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. E 94273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James T. Graham

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-09-3332

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Clara Johnson Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7. 1905

8. AGE: Years	Months	Days	If less than one day
36	11	12	hr. min.

9. Birthplace Raeford, N.C. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Graham
13. Birthplace Fayetteville, N.C.

MOTHER
14. Maiden Name Idra Shaw
15. Birthplace Chatham, N.C.

16 (a) Informant Clara Johnson (wife)
(b) Address 703 N. Carey Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3 [illegible] Huntingtown Ave Baltimore, Md

19 (a) JUL 24 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942, at 12 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of chest

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Was autopsy: Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence July 19 1942 12 10 AM
(c) Where did injury occur? W. Lafayette St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Stabbing

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 19 1942

VS 6

CAUTION: USE INDELIBLE INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 a

F 94274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Asquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George Grant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1862

8. AGE: Years 80 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John H. Dyson

13. Birthplace Calvert Md.

MOTHER 14. Maiden Name Elizabeth

15. Birthplace Balto Md.

16 (a) Informant Marion F. Ross

(b) Address 2453 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 2529 N. Fulton Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1942. at 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 21 1942, and that I last saw h[illegible] alive on July 20 1942.

Immediate cause of death Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature H. C. Stewart M. D.

Address 628 Linden Ave Date signed July 24

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be careful

F 94275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 N. Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ASA PORTER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ella Porter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Washington Porter
13. Birthplace Va.

MOTHER
14. Maiden Name Penny Holley
15. Birthplace Va.

16 (a) Informant Mrs Ella Porter
(b) Address 708 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUL 24 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 22, 1942 19 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 19 42 to July 22 19 42 and that I last saw h alive on July 22

Immediate cause of death Cancer of Stomach — Duration

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature James C. Carper M. D.
Address 1016 S. Sharp Date signed 7-24-42

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 94276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 848 W. Pratt ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 5 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 848 E. Pratt ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Doll

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 3 1903

8. AGE: Years 39 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace CALIFORNIA. (Town, county, and state)

10. Usual Occupation SEAMAN

11. Industry or business MERCHANT MARINE

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant PAPERS FOUND ON BODY
(b) Address AT 848 E. PRATT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25/42 (month) (day) (year)
(c) Cemetery or crematory ST. MATHIAS
Location ODONNELL ST.

18 (a) Funeral director Lilly & Sailer Son
(b) Address 403 S. WOLFE ST.

19 (a) JUL 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death lobar pneumonia, right — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 22 1942

VS 6

Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94277 Registered No. 376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Juanita Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1938

8. AGE: Years 3 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Howard E. Nelson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hilda Davis
15. Birthplace Baltimore, Md.

16 (a) Informant Hilda Nelson
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave. Baltimore, Md.

19 (a) JUL 24 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942 at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to July 22 1942 and that I last saw deceased alive on July 22 1942

Immediate cause of death: Convulsions
Interval between onset and death: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckley M.D.
Address Provident Hosp Date signed 7/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... UNFADING INK. Every item of information should be carefully ...

VS 3

F 94278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94278

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St - 15
(c) Hospital or institution Home for Incurables - Toda
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Garrison Blvd -
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Cohn.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Regina Cohn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/30/1870

8. AGE: Years 71 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Clothier

11. Industry or business

FATHER 12. Name Moses Cohn
13. Birthplace Russia -

MOTHER 14. Maiden Name Carrie Winter
15. Birthplace Russia

16 (a) Informant H. LaRue Brannon
(b) Address 700 West 40th St - 6

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-27-42 (month) (day) (year)

(c) Cemetery or crematory Friendship
Location

18 (a) Funeral director Dalk, Lewis & Co.
(b) Address 1489 E. Baltimore St. Huntington Williams, Registrar

19 (a) JUL 24 1942 (Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd 1942 at 1.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1942 to July 22 1942, and that I last saw h alive on July 22 1942.

Immediate cause of death Cerebral Hemorrhage | Duration 6 hours
Due to Hypertensive Cardio-Vascular Disease | Abt 8 years
Due to
Other Conditions Chronic Congestive Heart Failure | 3½ years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Thomas Conrad Wolfe M.D.
Address 11 E. Chase St. Baltimore Date signed 7/24/42

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94279

94279 Revised

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1950

Registered No. ....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 E. Madison Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ....
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 E. Madison Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ....

3 (a) FULL NAME Frederick T. Hoppe

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-05-5524

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma (nee Schmidt)

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1880

8. AGE: Years 61 62 | Months 11 | Days 5 | If less than one day: ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation watchman

11. Industry or business Owens Illinois Can Co.

FATHER
12. Name Charles Hoppe
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Emma Hoppe
(b) Address 2629 E. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location ....

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) JUL 24 1942 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ... 19 ... at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 40 to July 23 42 19 ...
and that I last saw him alive on July 23 42

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Cardiac decompensation	

(Include pregnancy within 3 months of death)

Date of operation ....
Major findings of operation: ....
of autopsy: ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ....

23. Signature Louis Hoppe
Address Mustard & Bed Date signed 7/24/42 M.D.

VS 2

8

F 94280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 S. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vincenzo Torrise (or) Florice

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Paulina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-1875

8. AGE: Years 66 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Otd
15. Birthplace

16 (a) Informant Anthony Torrise
(b) Address 133 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Rippel Sons
(b) Address Lombard and Fremont Sts.

JUL 24 1942 Registered by (Signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1938 to July 23 1942 and that I last saw him alive on July 23 1942

Immediate cause of death: Arteriosclerosis — Chr. nephritis — Duration 1938

Due to: Coronary thrombosis — 1941

Due to: arterial sclerosis — 1942

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. G. Michelsen M. D.
Address 2230 Eastern Ave Date signed 7-24-42

VS 2

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

F 94281

BALTIMORE CITY HEALTH DEPARTMENT 13a

CERTIFICATE OF DEATH

Registered No. F 94281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3944 Elm Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3944 Elm Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Catherine Henschel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, widowed, or ~~divorced~~.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17-1860

8. AGE: Years 82 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Housewife

11. Industry or business

FATHER
12. Name Inseley
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. John Henschel
(b) Address 3944 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore Md

18 (a) Funeral director George L. Schwab
(b) Address 2101 Fredrick ave.

19 JUL 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to July 23 1942, and that I last saw ~~her~~ alive on July 23 1942.

	Duration
Immediate cause of death Myocardial Insufficiency	1 day
Due to Carcino-renal-Vascular Disease	1 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Nelson M. D.
Address 617 W. 40th St Date signed 7/24/42

VS 2

Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

USE INDELIBLE PENCIL, WITH UNFADING INK.

E [redacted]

F 94282

Leser

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

[redacted] Registered No. F 94282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilbers & Eaton
(c) Hospital or institution: Saint Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Ashburton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Clayland Leaser.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles. Leser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 25, 1881

8. AGE: Years 61 | Months 3 2 | Days 18 28 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business Own Home

FATHER
12. Name Daniel K. Clayland. Sr
13. Birthplace Md

MOTHER
14. Maiden Name Emma Hendricks
15. Birthplace Md

16 (a) Informant Charles Leser
(b) Address 1125 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd. 9.9. Co. Md

18 (a) Funeral director Harry H. Kittle
(b) Address 401 E Monument Ave

JUL 24 1942 (b) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1942 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to July 23 1942 and that I last saw her alive on July 23 1942.

Immediate cause of death Carcinoma head of pancreas

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosebery
Address St. Agnes Hosp. Date signed 7/23/42

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER, WITH UNFADING INK.

[redacted] 94283 BALTIMORE CITY HEALTH DEPARTMENT Registered 94283

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 Eutaw Pl.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 1609 Eutaw Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred J Pipkin
3 (b) If veteran, name war
3 (c) Social Security Account No. 243-10-8657
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mary Buncham
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2 5 1910
8. AGE: Years 32 Months 5 Days 19 If less than one day hr. min.
9. Birthplace N C.
(Town, county, and state)
10. Usual Occupation Ship Welder
11. Industry or business Beth Steel
FATHER 12. Name Wm G Pipkin
13. Birthplace N C.
MOTHER 14. Maiden Name Madie Parrish
15. Birthplace N C.
16 (a) Informant Mary B Pipkin
(b) Address 1609 Eutaw Pl
17 (a) Removal (b) Date thereof July 25, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Winston Salem
Location N C.
18 (a) Funeral director Harry H Welsh
(b) Address 1101 Edmondson Ave
JUL 24 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 7.30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 24 1942, and that I last saw him alive on July 22 1942.

Immediate cause of death	Duration
Heart Failure	
Due to Hypertensive Cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Samuel Gertman M. D.
Address 1642 N. Wolfe St Date signed 7/24/42

VS 1

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER, WITH UNFADING INK.

F 94284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94284
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Kellert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1921

8. AGE: Years	Months	Days	If less than one day
21	2	10	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Morris Kellert
13. Birthplace Russia

MOTHER
14. Maiden Name Emma Hamburger
15. Birthplace Baltimore

16 (a) Informant Morris Hamburger
(b) Address 1700 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore

18 (a) Funeral director Sol Kurzman Sons
(b) Address 1124-26 W Northern

JUL 24 1942
(Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to July 23 1942, and that I last saw him alive on July 23 1942.

Immediate cause of death
Von Recklinghausen's disease with cerebral metastases

Due to

Due to

Other Conditions (over)

(Include pregnancy within 3 months of death)
Date of operation July 22, 1942
Major findings of operation Tumors of the brain.
of autopsy:

Duration
1 year or more.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman S. Kaman M. D.
Address University Hospital Date signed 7/23/42

F 94285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7/31 a F 94285 Registered No.

Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER, WASH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Union Memorial Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10days
(e) Length of stay in Baltimore (yrs., mos., or days) 10days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No. - None - Near Edgewood Arsenal
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Leonard Leo Laughlin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Alice Frances Laughlin
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1912

8. AGE: Years	Months	Days	If less than one day
30	6	16	— hr. — min.

9. Birthplace Baltimore Baltimore, Md. (Town, county and state)
10. Usual Occupation Restaurant Proprietor
11. Industry or business (see short)

FATHER
12. Name Mr. Edward John Laughlin
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mrs. Mary Elizabeth Laughlin
15. Birthplace Laurel, Md.

16 (a) Informant Eugene John Laughlin
(b) Address Edgewood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)
(c) Cemetery or crematory [redacted] Md.
Location Abingdon, Harford Co. Md.

18 (a) Funeral director Howard M. McCauley
(b) Address Abingdon, Md.

JUL 24 1942
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942, to July 23 1942, and that I last saw h[illegible] alive on July 23 1942.

Immediate cause of death	Duration
Cardio Respiratory failure	
Due to Toxemia	
Due to S. Mesenteric Artery thrombosis	
Other Conditions: Arteriosclerosis Cardio-Vasc. Renal disease	

(Include pregnancy within 3 months of death)
Date of operation 7/17/42 & 7/20/42
Major findings of operation: Sup. Mesenteric Artery thrombosis
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 7-24-42

VS 3

E 94286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94286
Registered No.

PRINT IN INK OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard Street
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town North East
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Harvey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Lula Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 887

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace North East, Md.
(Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business Self

FATHER
12. Name George W Harvey
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Friday
15. Birthplace ?

16 (a) Informant Lula Harvey - wife
(b) Address North East Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1942 (month) (day) (year)
(c) Cemetery or crematory Rising Sun
Location Rising Sun, Md.

18 (a) Funeral director John C. Mitchell & Son
(b) Address North East Md

19 (a) JUL 24 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942, to July 24 1942, and that I last saw him alive on July 24 1942

Immediate cause of death Uremia — Duration 6 days

Due to Cardiovascular Renal disease — Duration 3 years

Due to Arteriosclerosis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. L. Palmer M. D.
Address University Hospital Date signed July 24 1942

VS 3

F 94287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94287 Registered No. 160 C

Every item of information should be carefully answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Emory street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Bosley (Birth F 53633)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24, 1942

8. AGE: Years | Months | Days | If less than one day 1 hr. 30 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edwin Mayer Bosley
13. Birthplace Towson, Maryland

MOTHER
14. Maiden Name Margaret Elizabeth Griffin
15. Birthplace Owings Mills, Maryland

16 (a) Informant Edwin Mayer Bosley
(b) Address 17 Emory ST - Edgewood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md

18 (a) Funeral director John Bussard Sons
(b) Address Towson, Md.

JUL 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death: Miscarriage 6th month

Due to: Premature Separation of Placenta

Due to: Cause unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Miller M. D.
Address 1000 W. Baltimore Ave Date signed

VS 3

F 94288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

142 E 94288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Faith
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilma Goforth

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband-~~or wife~~ Homer Goforth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1918

8. AGE: Years 24 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Cald Deal

13. Birthplace N. C.

MOTHER 14. Maiden Name Maud Beaver

15. Birthplace N. C.

16 (a) Informant Homer Goforth

(b) Address 3014 Gunston Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)

(c) Cemetery or crematory
Location Faith N. C.

18 (a) Funeral director C. D. Tanner & Son

(b) Address 1938 E. Lafayette Ave.

19 (c) Date received by local registrar JUL 24 1942 (Signature) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 3 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1942 to July 24 1942 and that I last saw her alive on July 24 1942

Immediate cause of death	Duration
? Pulmonary Embolism	
Due to Peritonitis	
Due to Ruptured Ectopic Pregnancy - Rt. Hemoperitoneum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis ? Ruptured Ectopic
Of autopsy Hemoperitoneum ? Ectopic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Goodman Jr M. D.
Address Franklin Sq. Hosp Date signed

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. F 94289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street (thirty third street)
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) four days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town RURAL - MONKTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME
Mrs Emma Rachael Quinn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife James A. Quinn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15th 1876

8. AGE: Years: 66 | Months: four | Days: fifteen | If less than one day: hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Peter Sauble
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Sarah Ruby
15. Birthplace Maryland

16 (a) Informant J. R. Quinn (son)
(b) Address Cockeysville Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-42 (month) (day) (year)
(c) Cemetery or crematory Falls Road
Location Falls Road

18 (a) Funeral director P. Markham Sons
(b) Address Whalen Stat. Md

19 JUL 25 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July twenty Fourth 1942, at 7.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July (24) 1942, to July (24) 1942, and that I last saw h.er alive on 7.35 PM July 24 1942

Immediate cause of death Cardio-Vascular Collapse — Duration: 4 days

Due to Post-operative Complications Following Gastric Resection — Duration: July 20-24 1942

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Malignancy Head of Pancreas and Ulcus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address Union Memorial Hospital Date signed July 24, 1942

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 94290

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 5 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)

(d) Street No. Falls Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Hildebrandt #2 (second of twins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1942

8. AGE: Years	Months	Days	If less than one day
			19 hr. min.

9. Birthplace Cockeysville, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William A. Hildebrandt

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Leona Routt

15. Birthplace Md

16 (a) Informant Father

(b) Address Same

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Hospital

Location

18 (a) Funeral director

(b) Address

19 JUL 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 42 at 6:39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 19 42 to July 19 19 42 and that I last saw h[illegible] alive on July 19 19 42.

Immediate cause of death Respiratory failure — Duration: Life

Due to Atelectasis

Due to

Other Conditions Prematurity - (7 mos.)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. Mary L. Hazlett M. D.

Address Union Memorial Hosp. Date signed 7/27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH UNFADING INK. Every item of information should be carefully supplied

94291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 94291

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hildebrandt #1 (First of twins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			24 hr. min.

9. Birthplace Cockeysville, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William A. Hildebrandt
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Fiona Knott
15. Birthplace Maryland

16 (a) Informant Father
(b) Address Same

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hospital
Location

18 (a) Funeral director
(b) Address

19 JUL 25 1942 Huntington Williamsport, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942 at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 20 1942 and that I last saw him alive on July 20 1942

Immediate cause of death Respiratory failure

Due to Pneumonia

Due to Atelectasis

Other Conditions Premature 7 mo. 3 lbs. 7 ozs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Resp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayhurst M. D.
Address Union Memorial Hosp. Date signed 7/20/42

VS 8

94292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

F 94292 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 N. Carrollton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 N. Carrollton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte Tough

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife Alexander Tough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 - 1867

8. AGE: Years	Months	Days	If less than one day
74	9	5	hr. min.

9. Birthplace St. Mary Co Mo (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ralph Cutler
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Driscoe
15. Birthplace Md

16 (a) Informant Charlotte Tough
(b) Address 826 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Chas. W. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) JUL 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942, to July 23 1942; and that I last saw h alive on July 23 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles T. Wadley M. D.
Address 861 Hanlon Dr. Date signed 7-27-42

VS 3

F 94293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94293 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN MORVILLE MUCKELROY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-07-5973

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Jane Ann Roberts
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 6.1876

8. AGE: Years 66 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Public Accountant Drugs

11. Industry or business Gilbert Bros. Wholesale

FATHER
12. Name John Jillard Muckelroy-deceased
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Georgeanna Griffin-deceased
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Jane Ann Muckelroy (Wife)
(b) Address 639 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul. 27. 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway, Huntingdon, Md.

19 (a) JUL 25 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July. 23. 1942 at 5.00A M

21. I certify that death occurred on the date above stated: that I attended deceased from May 1 1942 to July 23 1942 and that I last saw h alive on July 23 1942.

Immediate cause of death Auricular Fibrillation — Duration
Due to Cardiac Stenosis
Due to Arterio-Sclerosis
Other Conditions Prostatectomy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emmanuel L. Emanuel M.D.
Address 7329 Greenmount Ave. Date signed 7/25/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94294 / 1172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bethlehem-Fairfield Shipyards
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1802 E. Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: JEROME BISHOP

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	213-07-5449	White	Male	Married

6 (b) Name of husband or wife: Adelade S. Weiman
6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): March 15, 1910

8. AGE: Years	Months	Days	If less than one day
32	4	8	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Marine pipefitter
11. Industry or business: shipyards

FATHER
12. Name: Walter M. Bishop
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Elizabeth Kenley
15. Birthplace: Unknown

16 (a) Informant: (wife) Adelade S. Bishop
(b) Address: 1802 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul. 27. 1942 (month) (day) (year)
(c) Cemetery or crematory: Moreland Mem. Park
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: 25 North Ave. & Broadway

19 (a) JUL 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1942, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other Conditions Chronic gastric ulcer. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Frantz M.D. Medical Examiner.
Date signed: July 23, 1942

VS 6

Use BLACK INK. Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 94295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

F 94295 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rosedale P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. White Marsh Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME ELIZABETH RICHARDSON

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Holt Richardson

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Feb. 7. 1868

8. AGE: Years 74 | Months 5 | Days 15 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Michael Nitzel-deceased
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Winkelman-deceased
15. Birthplace: Maryland

16 (a) Informant: John Holt Richardson (Husband)
(b) Address: White Marsh, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem.
Location: Baltimore County

18 (a) Funeral Director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) Filed July 25 1942 (b) Signature of Registrar: Huntington Williams M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1942, at 7 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1942 to 7/22 1942, and that I last saw her alive on 7/22 1942.

Immediate cause of death:
(a) Arteriosclerotic C.V. Disease
(b) Conflagration
Due to: ____
Due to: ____
Other Conditions: Carcinoma of breast
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast
Of operations: ____
Of autopsy: ____

Duration: (a) ____ (b) ____ (c) ____ ____ ____ ____

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature: R. T. Coffman M.D.
Address: Md. General Hosp. Date signed: 7/24/42

F 94296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 94296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edward & Gwynns St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 466 Lombard St 3203 W. Baltimore Ave
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard H. Ganse

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-09-8993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband ~~or wife~~ Ruth Gellhorn Ganse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1916

8. AGE: Years	Months	Days	If less than one day
25	8	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business

FATHER
12. Name Herman Ganse
13. Birthplace Russia

MOTHER
14. Maiden Name Lilly Janasen
15. Birthplace Russia

16 (a) Informant Mrs. Chas. Shapiro (Sister)
(b) Address 4013 Hathland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/42 (mo.) (day) (yr.)
(c) Cemetery ~~or crematory~~ Pikesville
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 1902 Eutaw Pl. Balto. Md.

19 (a) Filed JUL 25 1942 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 1205 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to July 24 1942 and that I last saw him alive on July 24 1942

Immediate cause of death Acute coronary attack

Due to 2

Due to 2

Other Conditions none
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation none

of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Casey M.D.
Address University Hosp Date signed July 24 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94297
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Vine Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Vine St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Reid

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1891

8. AGE: Years	Months	Days	If less than one day
51	6	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER
12. Name Frank Reid
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Smith
15. Birthplace Va

16 (a) Informant Blanche Stevens
(b) Address 520 Stricker Steet

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Samuel R. Brown Son
(b) Address 1054 Mont[illegible] Ave

19 (a) JUL 25 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22/42 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1942 to 7/22 1942 and that I last saw h alive on 7/20 1942.

Immediate cause of death	Duration
Chronic Valvular Heart Disease, Pulmonary Edema	6 mos 10 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Jackson
Address 605 N Arlington Ave Date signed 7/25/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94298 Death 53484 CERTIFICATE OF DEATH 119a F 94298

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1103 N. Montford Ave. Ward 3)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony W. DeVaney

If U. S. Veteran specify WAR

(a) Residence: No. 1103 N. Montford Ave. St. Ward (Birth F 53484)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15-1942

7. AGE Years	Months	Days 10	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony W. DeVaney

14. BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

MOTHER

15. MAIDEN NAME Mary V. Fite

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Anthony W. DeVaney

(Address) 1103 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date July 25 19 42

19. UNDERTAKER Chas. A. Miller

(Address) 2334 Jefferson St.

20. FILED JUL 25 1942 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-42 19

22. I HEREBY CERTIFY, That I attended deceased from 7-23-42 19 to 7-25-42 19

I last saw him alive on 7-24-42 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhea	at birth

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Amrhein M. D.

(Address) 1201 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

JUL 25 1942

F 94293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 94293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp. Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) five days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Talbot Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ethel E. Guthrie

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1880

8. AGE: Years 62 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: John J. Guthrie
13. Birthplace: not known

MOTHER
14. Maiden Name: Annie Broughton
15. Birthplace: Virginia

16 (a) Informant: John Guthrie Dunbar
(b) Address: 7117 Oxford Rd., Stonelaigh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory: WM. J. TICKNER & SONS
Location: Druid Ridge Cem.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) JUL 25 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 11:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1942, to 7/22 1942, and that I last saw h[illegible] alive on 7/22 1942.

Immediate cause of death: Cardiac failure — Duration
Due to: Chronic myocarditis
Due to:
Other Conditions: Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 7/23/42

VS 8

Please print; write plainly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 94300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Heights Ave.
(c) Hospital or institution: Cannon Convalescing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town "Villa Nova", Pikesville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. "The Cedars" - Bedford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: FREDERICK DERRICK-SWINDELLS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Lucy Alberta Swindells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 3, 1872

8. AGE: Years	Months	Days	If less than one day
70	(3) 5	20	hr. min.

9. Birthplace: England (Town, county, and state)
10. Usual Occupation: Retired Supervisor
11. Industry or business: McCormick & Co.

FATHER
12. Name: Frederick Swindells
13. Birthplace: England

MOTHER
14. Maiden Name: Emma Davies
15. Birthplace: England

16 (a) Informant: Mrs. Lucy A. Swindells
(b) Address: Bedford Rd., Villa Nova, Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory: St. Johns Cemetery
Location: Ellicott City.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 JUL 25 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1942, at (7:45) M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1942 to 7/23 1942 and that I last saw him alive on 7/20 1942.

Immediate cause of death	Duration
Cardiac Failure	1 hr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operations: —
of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M.D.
Address: [illegible] Date signed 7/25/42

VS 8

Every item of information should be carefully supplied, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94301

Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 Paddington Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Paddington Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH WARD

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife George O. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10/1865

8. AGE: Years	Months	Days	If less than one day
77	3	13	hr. min.

9. Birthplace Annapolis, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Arthur Martin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Mace
15. Birthplace Annapolis, Md.

16 (a) Informant Mr. Arthur Ward
(b) Address 201 Paddington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory St. Anne's Cem.
Location Annapolis, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUL 25 1942 (Date received by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942, to July 23 1942 and that I last saw h-r alive on July 23 1942

Immediate cause of death: Lobar pneumonia — Duration: 6 days

Due to

Due to

Other Conditions Myocarditis — about 9 mo.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter S. Tickner M. D.
Address 2220 Harrison Blvd Date signed July 25, 1942

VS 3

84302 J 53467 (over)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. 84302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3446 E. Fairmount ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Michael Carl Chrysan (Birth F 53467)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-42

8. AGE: Years	Months	Days	If less than one day
	12	12	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Michael C. Chrysan Sr.

13. Birthplace Balto

MOTHER 14. Maiden Name Ann Schweiger

15. Birthplace Balto

16 (a) Informant Michael C. Chrysan

(b) Address 3446 E. Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director L. Roland Herr

(b) Address 2212 Kenteudy Ave

19 JUL 25 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1942, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22nd 1942, to July 24 1942, and that I last saw him alive on July 24 1942.

Immediate cause of death: Diarrhea of Infancy — Duration: 3 days

Due to

Due to

Other Conditions: Atelectasis, pt. — 1 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Fleeting M.D.

Address St. Joseph's Hospital Date signed

VS 2

F 94303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94303
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Upper Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Eaton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Wm. Eaton
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) June 22, 1924

8. AGE: Years	Months	Days	If less than one day
18	1	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wiley Pollard
13. Birthplace Virginia

MOTHER
14. Maiden Name Emmie McCellon
15. Birthplace Virginia

16 (a) Informant Wm. Eaton
(b) Address Bridgeton, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1942 (day) (year)
(c) Cemetery or crematory Stonemanor Pa
Location Stonemanor

18 (a) Funeral director Downing Haight
(b) Address Harmony Grove Pa

19 (a) Date received JUL 25 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 8:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Cause	Duration
Immediate cause of death Rupture of kidney, right	
Fracture of pelvis	
Due to	
Due to Auto accident.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 19 1942 at 5 PM
(c) Where did injury occur? Falls Road Balto Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road While at work? No (Specify type of place)
(e) Means of injury Auto struck tree
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 24 1942

94304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

F 94304
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Ridout

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Percy Ridout
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23, 1898

8. AGE: Years 44 | Months 5 6 | Days 10 | If less than one day hr. min.

9. Birthplace Oxford Md
(Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Garrison Slaughter
13. Birthplace Oxford, Md

MOTHER
14. Maiden Name Eliza Miller
15. Birthplace Oxford Md.

16 (a) Informant Abbey Ridout
(b) Address 2520 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Lee A. Holland
(b) Address 1631 Druid Hill Ave.

19 JUL 25 1942 Huntingtown Williamsport, Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942, at 5:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 to July 23 1942 and that I last saw h alive on July 23 1942

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma of Lung — 3 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jonathan Higgins M. D.
Address 743 Madison Ave Date signed 7/27/42

VS 3

94305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94305

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loudon & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Richmond
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Stiffler

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	215076393	M	White	Married

6 (b) Name of husband or wife Nannie Stiffler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1863

8. AGE: Years	Months	Days	If less than one day
59	1	9	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Clerk Prospector
11. Industry or business Cotton Dust Mill

FATHER
12. Name George Stiffler
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Susie Marshall
15. Birthplace Balto Co, Md

16 (a) Informant Nannie Stiffler
(b) Address Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1922 (month) (day) (year)
(c) Cemetery or crematory Mount Ridge
Location Rhesville, Md

18 (a) Funeral director Landon M. Burton
(b) Address Sparrows Point Md

19 (a) 11 25 [illegible] (b) Hunter for Registrar
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1922, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1922, to July 24 1922, and that I last saw h[illegible] alive on July 24 1922.

	Duration
Immediate cause of death: Cerebral Hemorrhage	48 hrs.
Due to: Hypertensive Cardiovascular Disease	10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Palmer M. D.
Address [illegible] Date signed 7-28-22

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

94396 1

E.S. (75189)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 Registered No. F 94306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N. Gay Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Melvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	7	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER
12. Name Arthur Melvins
13. Birthplace North Carolina

MOTHER
14. Maiden Name Anna Kendall
15. Birthplace North Carolina

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-42 (month) (day) (year)
(c) Cemetery or crematory Wacksboro cem.
Location Wacksboro N. C.

18 (a) Funeral director Dyson & Marvin Wright
(b) Address 721 Aisquith St.

19 (a) JUL 25 1942 Registrar
(b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1942 at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1942 to 7/23 1942 and that I last saw h. alive on 7/25 1942

Immediate cause of death	Duration
Pulmonary Tuberculosis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Goodman M.D.
Address Baltimore City Hospitals Date signed 7/24/42

94307 4747851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94307 Registered No. 1312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West Indies (b) County
(c) City or town BARBADOS (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Arthur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Ella

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 3-18-97

8. AGE: Years 45 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace West Indies (Town, county, and state)

10. Usual Occupation Sugar Planter

11. Industry or business

FATHER
12. Name Geo Henry Arthur
13. Birthplace West Indies

MOTHER
14. Maiden Name Mildred Mason
15. Birthplace West Indies

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 25 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City, Md.

18 (a) Funeral director John C. Mitchell Funeral Co.
(b) Address 1800 Eutaw Place

19 JUL 25 1942 Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 7.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1942 to July 24 1942 and that I last saw him alive on July 24 1942.

Immediate cause of death	Duration
Septicemia	24 hrs.
Due to Abscess, rt. lung, chronic	8 mos.
Due to Post-influenzal?	
Other Conditions Empyema, rt. lung, chronic; nephritis	8 mos.

(Include pregnancy within 3 months of death)

Date of operation June 18, 1942

Major findings of operation: empyema rt. lung, chronic

of autopsy: Not reported

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Rackell M. D.
Address Johns Hopkins Date signed 7-25-

VS 8

correct this as expeditiously as possible. Any erasures, alterations, or illegible entries will delay the registration of death and burial permit.

94308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No. E 94308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian William Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1864

8. AGE: Years	Months	Days	If less than one day
78	2	15	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Philip Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Scheuer
15. Birthplace Germany

16 (a) Informant Mrs. Joseph Blazek
(b) Address 5001 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Roth
(b) Address 5305 Harford Road

19 (a) (b) Huntington Williams, M.D.
(Signature of physician)

JUL 25 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 24 1942 and that I last saw him alive on 7/24 1942

Immediate cause of death: Cardiac Decompensation — Duration

Due to Cardiac dilatation & valvular insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Mace M. D.
Address Bon Secours Hosp. Date signed 7/25/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Surico

94309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 94309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Baltimore General Hosp
(c) Hospital or institution:
Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Baltimore City
(c) City or Town Baltimore Md Locust
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Angel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1942 5 wks old

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Luther H. Angel
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rena Middleton
15. Birthplace North Carolina

16 (a) Informant Parents
(b) Address

17 (a) Removal (b) Date thereof 7/25/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Wingtop Salem

18 (a) Funeral director A Lee Odey
(b) Address 46 44 York Rd

19 JUL 25 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 1 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942, to July 25 1942, and that I last saw him alive on July 25 1942.

Immediate cause of death	Duration
Acute Dehydration	3 days
Due to Diarrhea & Vomiting	6 days
Due to Acute Gastritis and Colitis	6 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1217 Light St Date signed

correct age is especially important: physicians: please write the cause of death clearly and legibly.

VS 8

F 94310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Freeland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1942

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Freeland, Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Emory John Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Strawbridge
15. Birthplace Pennsylvania

16 (a) Informant Father
(b) Address Same

17 (a) Burial (b) Date thereof July 27, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Freedom
Location New Freedom, Pa.

18 (a) Funeral director Jacob Hartenstein
(b) Address New Freedom, Pa.

19 (a) 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

JUL 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1942 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to July 25 1942 and that I last saw him alive on July 25 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Pneumonia, lobular	
Due to	
Other Conditions Dehydration, Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayleck
Address Union Memorial Hosp. Date signed 7/25/42

F 94311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 1a

F 94311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Lennox St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Birth F-44393)

3 (a) FULL NAME Debbie Lee Powell [Anna Powell]

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20 1942

8. AGE: Years | Months: 5 | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry D. Powell Jr.
13. Birthplace Grafton W. Va.

MOTHER
14. Maiden Name Doris Mc Williams
15. Birthplace Nemacola, Pa.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/26/42 (month) (day) (year)
(c) Cemetery or crematory
Location Grafton W. Va.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

(a) JUL 26 1942 (Registrar) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1942 to 7/24 1942 and that I last saw her alive on 7/24 1942.

Immediate cause of death: Respiratory Failure — Duration
Due to: Pneumonia, Lt. lung ← 2 days?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. W. Tompkins
Address W. Balt. Gen Hospital Date signed 7/27/42 M. D.

VS 8

F 94312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

F 94312 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Wendover Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Wendover Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JESSICA E. MAURER

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Jesse A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30, 1893

8. AGE: Years	Months	Days	If less than one day
49 48	6	25 24	hr. min.

9. Birthplace Bethany W Va (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wilson A Rose
13. Birthplace S South Mo

MOTHER
14. Maiden Name Sophie Campbell
15. Birthplace Wheeling W. Va

16 (a) Informant Jesse A Maurer
(b) Address 4300 Wendover Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/26/42 (month) (day) (year)
(c) Cemetery or crematory Bethany
Location Bethany, W. Va

18 (a) Funeral director Wilson Cook Inc
(b) Address 1217 E Pont St

19 (a) JUL 26 1942 (Date received by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 9 46 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to mental dependency	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence July 24, 1942 at 8 20 M
(c) Where did injury occur? Abna address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? ho (Specify type of place)
(e) Means of injury Revolver

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 7-24-42

VS 4

W. Baltimore 21st & Charles

2nd 94313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 94313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 St Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1717 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella Moore Scholl

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5651

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thomas P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1873

8. AGE: Years 69 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Asst. Buyer

11. Industry or business Isaac Benesch's

FATHER 12. Name Moore
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Thomas P. Scholl
(b) Address 1717 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-42 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUL 26 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 8.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942, to July 25 1942 and that I last saw her alive on July 23 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to Coronary Occlusion — 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Pearce M. D.
Address 2105 Eutaw St Date signed July 25 '42

correct age is especially important. If unknown, state the cause of death clearly and legibly.

VS 2

MR 73829

F. 94314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 94314 Registered No.

138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 17
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mike Matskule

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-7688

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Annie Matskule
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1888

8. AGE: Years	Months	Days	If less than one day
53	10	15	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business

FATHER
12. Name Steve
13. Birthplace Russia

MOTHER
14. Maiden Name Ann
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross - Brooklyn
Location Patapsco Ferry Rd. Co.
18 (a) Funeral director William Cook Doe
(b) Address 1247 St Paul St.
19 (a) JUL 26 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1942 at 12:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1942 to July 25 1942 and that I last saw h alive on July 25 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration 6 mos.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A S Hartz
Address Balto City Hosp Date signed 7/25/42

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

VS 8

F 94315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 94315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Street
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rosedale Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8380 Old Phila. Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Wm. Berk

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carolina R. Berk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	18	hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation Truck Farmer
11. Industry or business

FATHER
12. Name Charles Berk Md.
13. Birthplace Germany

MOTHER
14. Maiden Name Catherina --
15. Birthplace Germany

16 (a) Informant Mr. George Berk,
(b) Address 926 Chesaco Ave.

17 (a) burial (b) Date thereof July 27, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Zion Luth. Cem.
Location Stemmers Run, Md.

18 (a) Funeral director Lemmon Funeral Home
(b) Address 7401 Belair Road

Jul 26 1942
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to July 25 1942 and that I last saw h[illegible] alive on July 25 1942.

Immediate cause of death	Duration
Arteriosclerotic H.-Dis.	1 Year
Due to	
Due to	
Other Conditions Bronchopneumonia	9 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Saul J. Faber M. D.
Address Sinai Hosp. Date signed 7/26/42

VS 3

F 94316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87D

F 94316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL, and give town)
(d) Street No. 1801 Baker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME HARRY Silverstein

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-7122

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 30 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Isaac Silverstein
13. Birthplace Poland

MOTHER
14. Maiden Name Rose
15. Birthplace Poland

16 (a) Informant Isaac Silverstein
(b) Address 1801 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 20 E Balto St

19 (a) 7-28-1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1942, at 11.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1942 to 7-24 1942, and that I last saw him alive on 7-24 1942

Immediate cause of death: Multiple sclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Kerr MD

Address Lionsdale Date signed 7/28/42 M. D.

VS 3

Please fill in all items carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Frederick avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Frederick avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BROTHER LEON (Albert Peter Duck)

3 (b) If veteran, name war ----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1888

8. AGE: Years	Months	Days	If less than one day
54	5	20	hr. min.

9. Birthplace Detroit Michigan
(Town, county, and state)

10. Usual Occupation Christian Brother

11. Industry or business

FATHER
12. Name James Duck
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Quinn
15. Birthplace Unknown

16 (a) Informant Rev. Brother Edmund, C.F.X.
(b) Address 4409 Frederick avenue

17 (a) Burial (b) Date thereof 7/27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Eggner Son
(b) Address 1811 W. Mt. Royal Ave.

JUL 26 1942 (b)
(Date received by Registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 24 1942 and that I last saw him alive on July 24 1942

Immediate cause of death: Uremia Duration
Pul Dis - Hypostatic Pneumonia
Arteriosclerosis Myocarditis
Due to
Due to
Other Conditions Pulmonary Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert C. Nitsche M. D.
Address 3151 Westview Ave Date signed 7/25/42

Correct age is extremely important. Typewrite, preferably, or print plainly. Please write the causes of death clearly and legibly.

94318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 Harlem Ave.
(c) Hospital or institution: [redacted]
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nandian Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Ella Green
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Northumberland Co. Va
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name David Green
13. Birthplace Northumberland Co Va

MOTHER
14. Maiden Name Annie Brooks
15. Birthplace Northumberland Co. Va

16 (a) Informant Ella Green
(b) Address 1722. Harlem Ave

17 (a) Burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catons Ville md.

18 (a) Funeral director Chas R Alexander
(b) Address 927. N. Mount st

19 JUL 27 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1942, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute meningitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed July 26 1942

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 94319 JORGENSON 490 F 94319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7201 - Dunglen Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Jorgensen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Andrew Jorgensen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Svennung Svennungsen
13. Birthplace Norway

MOTHER
14. Maiden Name Anna Sorenson
15. Birthplace Norway

16 (a) Informant Andrew Jorgensen
(b) Address 7201 Dunglen Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 27/42 (month) (day) (year)
(c) Cemetery or crematory Valhalla Mem
Location Staten Island N Y

18 (a) Funeral director John Uelandt
(b) Address 2008 Orleans St

19 JUL 27 1942 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942 to July 25 1942 and that I last saw h alive on July 24 1942

Immediate cause of death Metastatic carcinoma of Ovaries — Duration 3 mos.

Due to Jaundice Cell carcinoma of Ovaries

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Nov. 1941
Major findings of operation: Jaundice cell carcinoma of Ovaries
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Barry Jr. M. D.
Address University Hosp Date signed 7-27-42

VS 8

94320

AB- 71151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5M. 26Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 Sara Anne Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Nichols

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17-1899

8. AGE: Years 42 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Johah Nichols
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Carey Haseal Haswell
15. Birthplace Pa

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-42 (month) (day) (year)
(c) Cemetery or crematory Pt. Lookout
Location A. A. Co.

18 (a) Funeral director Sam'l M. Chase Hse
(b) Address 1118 N. Gilmor St

19 JUL 27 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1942 at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1942 to 7-9 1942 and that I last saw h~~e~~ alive on 7-9 1942

Immediate cause of death Cerebral Thrombosis — Duration 2 Days
Due to ~~Tuberculosis~~ Pneumonia
Due to
Other Conditions Tuberculosis pulmonary ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 7-24-42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94321 53259 BALTIMORE CITY HEALTH DEPARTMENT F 94321
CERTIFICATE OF DEATH 136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. West St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Tuck

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Berkley Tuck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1916

8. AGE: Years: 26 | Months | Days | If less than one day: hr. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Peter Bruson
13. Birthplace: South Carolina

MOTHER 14. Maiden Name: Mary Johnson
15. Birthplace: South Carolina

16 (a) Informant: Burkley Tuck
(b) Address: 519 W West St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 28 42 (month) (day) (year)

(c) Cemetery or crematory: Manning S.C.
Location: Manning S. C.

18 (a) Funeral director: Isaiah D Blow Jr
(b) Address: 519 W Saratoga Street

19 (a) JUL 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1942, at 7.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1942 to July 25 1942 and that I last saw him alive on July 24, 1942

Immediate cause of death: Miliary Tuberculosis — Duration

Due to

Due to

Other Conditions: Post partum, 14 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert A. Barthel Jr M.D.
Address: University Hospital Date signed 7/27/42

PLEASE WRITE PLAINLY, with indelible pencil. Do not use ink. Do not abbreviate. Give full name of deceased. Be sure that every item is correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 94322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Bevans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carl Gomer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13, 1926

8. AGE: Years	Months	Days	If less than one day
16	4	12	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Gomer
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Parker
15. Birthplace Maryland

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary St
Location Balto Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St.

19 (a) (Date received by Local Registrar) JUL 27 1942 (b) Huntington Williams, M.D. (Signature of Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1942 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1942 to 7/25 1942 and that I last saw h[illegible] alive on 7/25 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Pulmonary Tuberculosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Jordan M.D.
Address Baltimore City Md. Date signed 7/28/42

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Underlining is especially important. Be sure to give correct age

F 94323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: EDITH LEGG

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William C. Legg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1866

8. AGE: Years 76 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Stevensville, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Margaret Legg
(b) Address 344 East 25th St

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stevensville, Md.
Location Stevensville, Md.

18 (a) Funeral director William Cook, Inc
(b) Address 1217 S. Paca St. Huntington Williams, M.D.

(Date) JUL 27 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 19 42, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 19 42 to July 25 19 42 and that I last saw alive on July 25, 19 42

Immediate cause of death: cardiac decompensation — Duration 2 hrs

Due to old age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Steele MD M. D.
Address 2435 Ind Ave Date signed 7/25/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3129 Sumter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County City Balto
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3129 Sumter Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grant E. Mentzel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nettie Mentzel

6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) Sept 12-1895

8. AGE: Years 66 | Months 8/10 | Days 12 | If less than one day: hr. min.

9. Birthplace Carroll Co Md (Town, county, state)

10. Usual Occupation Special Officer

11. Industry or business Md Casualty Co

FATHER
12. Name Charles Mentzel
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Ridinger
15. Birthplace Maryland

16 (a) Informant Mrs Nettie Mentzel
(b) Address 3129 Sumter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Direction of Wilbert Sons
(b) Address 1412 N. Eutaw St Baltimore Md

19 (a) JUL 27 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to 7/24 1942 and that I last saw h alive on 7/22 1942.

Immediate cause of death
Chr. pulmonary tuberculosis
Due to Tuberculous Meningitis
Due to
Other Conditions Disseminated tuberculosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?
Months
Two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnett M Bottorf
Address 2904 Reisterstown Rd Date signed 7/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Hellins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Hellins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Wolf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora J. Wolf nee Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1864.

8. AGE: Years	Months	Days	If less than one day
77	11	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Coach Painter
11. Industry or business Retired, 4 yrs.

FATHER
12. Name George Wolf
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs. Nora J. Wolf
(b) Address 1304 Hellins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Lutze
(b) Address 4103 Gwendolen Ave.

19 (a) JUL 27 1942 (Date rec'd by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to July 26 1942 and that I last saw him alive on July 25 1942

Immediate cause of death	Duration
Carcinoma of Colon	
Due to Partial Obstruction	
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: C.A. Colon
of autopsy: Cyrosurgery performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.W. Kourey M. D.
Address 617 N. Broadway Date signed

VS 3

F 94326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94326
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Chestnut Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. John Clayton Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Lela M (nee Bennett) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1877

8. AGE: Years	Months	Days	If less than one day
65		2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Filtration Plant-Balto City

FATHER
12. Name John T. Barnes
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Pool
15. Birthplace Md

16 (a) Informant Mrs. Lela M. Barnes
(b) Address 508 Chestnut Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)

(c) Cemetery or crematory Bethesda M.E. Church
Location Carroll Co. Md.

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave

19 (a) JUL 27 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942 to July 25 1942 and that I last saw him alive on July 25 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Arthur Rosberg
Address St. Agnes Hosp. Date signed 7/26/42

VS 3

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 94327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9216

F 94327

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 S Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W Clary Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ida Pickett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3. 1861

8. AGE: Years	Months	Days	If less than one day
81	5	22.	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER
12. Name Nathaneb Clary
13. Birthplace md

MOTHER
14. Maiden Name mary Barthow
15. Birthplace md

16 (a) Informant Ida Clary
(b) Address 226 S Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28. 1942 (month) (day) (year)
(c) Cemetery or crematory Lardine Park
Location woodlawn.

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 (a) (Signature of local registrar) (b) Huntington Wilkinson, M.D.

JUL 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 10:08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942, to July 25 1942 and that I last saw him alive on July 24 1942.

Immediate cause of death	Duration
Mitral Insufficiency	?
Due to Hypertension	?
Due to Arteriosclerotic Cardiovascular Disease	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature C P Rostein M. D.

Address 1316 N Longwood St Date signed 7/27/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 V

F 94328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 S. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 S. Payson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Viola Wittman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John C. Wittman
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 7 - 1880

8. AGE: Years	Months	Days	If less than one day
62	2	19	hr. min.

9. Birthplace Washington Co. Md.
(Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business

FATHER 12. Name Benjamine Clark
13. Birthplace Va

MOTHER 14. Maiden Name Jane Harman
15. Birthplace Washington Co. Md.

16 (a) Informant John C. Wittman
(b) Address 203 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 - 1942 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Baltimore Md

18 (a) Funeral director George L. Lafrentz
(b) Address 2101 Eutaw Pl.

19 JUL 27 1942 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH July 25 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 to July 25 1942 and that I last saw h alive on 7/24 - 42

Immediate cause of death: Cystic Endocarditis — Duration 2 yrs
Due to Sepsis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas R Cole M. D.
Address 2145 N Balto St Date signed 7/25/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

94329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94329 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5910 Marlith (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida Poffel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Henry, Dec.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Kilendzuojeska
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Stefanska
15. Birthplace Poland

16 (a) Informant Theresa Poffel
(b) Address 5910 Marlith ave.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd.

18 (a) Funeral director John J. Linda
(b) Address 2809 Hudson St.

19 (a) [illegible] Huntington Williams Jr. Registrar
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to July 24 1942, and that I last saw h[illegible] alive on July 24 1942.

Immediate cause of death: Congestive Heart Failure — Duration: 2 yrs.
Due to: Hypertensive - Arterio-sclerotic Heart Disease
Due to:
Other Conditions: Chronic Lymphatic Leukemia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 7-24-42

F 94330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193d

F 94330 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 N. Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellis Rosenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-29-1575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tinner

FATHER
12. Name Myer Rosenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Kloze
15. Birthplace Russia

16 (a) Informant Louis Rosenberg
(b) Address 2019 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Sol Levinson & Bros

18 (a) Funeral director 1124 1126 W North Ave
(b) Address

7-27-1942 (Date) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 7 34 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to July 26 1942, and that I last saw h[illegible] alive on July 24 1942.

Immediate cause of death Uraemia — Duration 1 month

Due to Chronic Glomerulonephritis

Due to Prostatic Hypertrophy

Other Conditions Hypertension & U.T.I. Catheterization

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1942 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Hollander, M.D.
Address Sinai Hospital Date signed 7/26/42

41649 F 94331 BALTIMORE CITY HEALTH DEPARTMENT 13 F 94331

CERTIFICATE OF DEATH

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T Henning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-71

8. AGE: Years	Months	Days	If less than one day
70	9	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William S. Henning
13. Birthplace Md

MOTHER 14. Maiden Name Mary Taylor
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof July 27/42 (month, day, year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick ave

18 (a) Funeral director John Quitabell Jones
(b) Address 1824 Eutaw Place

19 (a) JUL 27 1942 Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1942, to July 26 1942 and that I last saw him alive on July 26 1942.

Immediate cause of death	Duration
Miliary tuberculosis	
Due to Pulmonary Tuberculosis	
Disseminated Tbc	
Due to Gen'l arteriosclerosis,	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature John S. Haines

Address Johns Hopkins Hosp. Date signed 7/27/42 M.D.

F 94332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 E. University Parkway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town 219 E. University Pky. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Belle Waller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Clarence C. Waller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1882

8. AGE: Years	Months	Days	If less than one day
59	11	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Belle Frederick
15. Birthplace Md.

16 (a) Informant Mr. Clarence C. Waller
(b) Address 219 E. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Home, Inc.
(b) Address 1800 Eutaw Place

19 (a) JUL 27 1942 (Date rec'd by city registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to July 24 1942 and that I last saw h[illegible] alive on July 24 - 42

Immediate cause of death	Duration
Metastatic Carcinoma Lt. Breast.	2
Due to —	
Due to —	
Other Conditions Myocardial insufficiency (Incl. pregnancy within 3 months of death)	1 wk.

Date of operation Dec. 1940
Major findings of operation: Tumor Lt. breast. Pathological of autopsy: adeno carcinoma

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature W. H. Smith M. D.
Address 3429 Chestnut Ave. Date signed 7/25/42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 94333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57d Registered No.

F 94333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 E. Balto. St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 E. Balto. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gabriel Rumer (Rumer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose Rumer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Rose Rumer
(b) Address 1742 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1742 E. Balto. St

19 (a) JUL 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25-42 19 , at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 19 42 to July 25 19 42 and that I last saw h alive on July 25 19 42.

Immediate cause of death Pituitary Tumor
Due to Exophthalmos

Duration
as for as I know May 29 1942

Due to (or a)

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address 20 S. Broadway Date signed July 27 1942

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 1/3 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #91000 AND ENDING WITH #94833 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL